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# **FOLLOW-UP TO THE NINTH CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS (1999)**

## **USA ACCOMPLISHMENTS**

### **1. REGISTRATION OF CHILDREN ACROSS THE AMERICAS**

~~Working to Ensure a Fair, Accurate and Complete Census for all Americans.~~ The Clinton-Gore Administration is working to ensure that Census 2000 is as accurate as possible using the best, most up-to-date scientific methods as recommended by the National Academy of Sciences. According to the Census Bureau, the 1990 Census missed 8.4 million people and double-counted 4.4 million others. Approximately 4.4 percent of African Americans, 2.3 percent of Asian Pacific American, and 5 percent of Hispanic across America were not counted. Additionally, 12.2 percent of Native Americans living on a reservation were not counted in the 1990 census.

While missing or miscounting so many people is a problem, the fact that certain groups—such as children, the poor, people of color, city dwellers and people who live in rural rental homes—were missed more often than others made the undercount even more inaccurate. A fair and accurate Census is a fundamental part of a representative democracy and is the basis for providing equality under the law. The President and Vice President are determined to have a fair and full count in 2000, and in February 2000 the President announced new steps to encourage all Americans to participate in Census 2000.

The President launched a *Census in Schools Challenge*, to ensure that children are counted and educate both students and parents; reiterated that Census information is strictly confidential; and directed federal agencies to step up activities in support of the Census.

### **2. EARLY CHILDHOOD CARE FOR SURVIVAL, GROWTH AND DEVELOPMENT IN LATIN AMERICA AND THE CARIBBEAN**

USAID supports an Initiative with the Pan American Health Organization that works in 8 of the poorest countries in the region. This Initiative supports the introduction of new childhood vaccines Hib and Hepatitis B. The Initiative also works to eradicate measles in the hemisphere. This same USAID supported Initiative accomplished the eradication of polio in the hemisphere (the first hemisphere to do so) in 1991. USAID throughout the region, funds child survival projects with Ministries of Health and through Private Voluntary Organizations such as World Vision, World Relief, CARE, Save the Children and Catholic Relief Services. These programs focus on growth monitoring, preventing dehydration from diarrheal diseases, improving vaccination rates, preventing, detecting and treating infectious diseases, improving nutritional status and strengthening health systems. The USAID Honduras Mission also supports a new and promising programming strategy called *AIN*. This community strategy consists of growth monitoring of children coupled with nutritional counseling and basic management of childhood illnesses. Baseline data collected thus far

indicate that children who fail to thrive during one session at the next monthly session have reversed that trend. This strategy developed by USAID-funded partners, will be implemented by USAID Dominican Republic, and incorporated into loan programs by the World Bank in Bolivia and Nicaragua. On May 21, 1999 Congress passed supplemental legislation for Hurricane reconstruction for countries affected by Hurricanes George and Mitch. These funds have been managed by USAID and awarded to other United States Agencies such as HHS/CDC and USAID Missions to build back better so that future destruction can be minimized should further natural disasters strike. In Nicaragua, Honduras, Dominican Republic and El Salvador these funds have been used to restore and improve water and sanitation and maternal child health services in affected regions of the countries. Through a US-15-million-inter-agency agreement to CDC and PAHO a program is being implemented to improve surveillance and laboratory capacity to track and detect infectious disease and to create a cadre of field-trained epidemiologists to track future outbreaks of infectious diseases.

### **3. INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES**

USAID has supported a regional IMCI Initiative with the Pan American Health Organization in Latin America and the Caribbean that works to teach providers simple algorithms to improve the detection and treatment of common childhood disease such as measles, pneumonia, and dehydration caused by diarrhea that are among the top causes of death in children under five years old in the region. In addition to training health care providers, the Initiative also supports the strengthening of health systems through the development of tools that provide costing information and data to improve the distribution and use of pharmaceutical drugs. Seven of eight target countries in the region have adopted the IMCI strategy. (Bolivia, Ecuador, El Salvador, Haiti, Honduras, Nicaragua, and Peru.) To date under this Initiative, over 8,000 providers have been trained. Through this Initiative a community component was developed to ensure that sick children are referred in a timely way for health services and to help mothers and caretakers prevent disease or disease severity. This component encourages the mobilization of community human and financial resources to solve problems with local solutions.

### **4. PREVENTION OF DOMESTIC VIOLENCE THROUGH CHILDREN'S EDUCATION**

**Prevention and Intervention of Domestic Violence: Violence Against Women Act (VAWA).** In 1994 Congress passed and the President signed landmark legislation to fight violence against women. This legislation – the *Violence Against Women Act (VAWA)* – has been implemented by the Department of Justice and the Department of Health and Human Services. The Act established new criminal provisions and key grant programs that improve the criminal justice system's response to domestic violence, sexual assault and stalking, and direct critical services to victims. These provisions enable law enforcement agencies and communities to promote the

safety of countless women and hold offenders accountable. Since the passage of the act, over \$1.5 billion in VAWA grant funds have supported this work. Programs include victims' services; shelters; hotline assistance; coordinated strategies among law enforcement, prosecution, victims' services and the courts; and centralized sexual assault and domestic violence units in police and prosecutors' offices. Congress considers the reauthorization of VAWA this year. More than 420,000 calls have been received by the nationwide, *24-hour domestic violence hotline* President Clinton established. [Domestic Violence Hotline, 1/00]

**Helping Child Victims of and Witnesses to Violence: Children Exposed to Violence Initiative (CEVI).** Recognizing the connection between domestic violence, child abuse, and youth violence, the Department of Justice created the Children Exposed to Violence Initiative (CEVI) in December 1998. CEVI is designed to coordinate and expand upon the department's policies and programs relating to children exposed to violence in order to improve the justice system's approach and communities' responses to child crime victims and witnesses. CEVI focuses public attention on the abuse and violence that affects the lives of too many children, and challenges federal, state, and local law enforcement – in partnership with families, communities, social service agencies, child protective services, mental and physical health care providers, schools, courts, the private sector, and federal, state, and local government leaders -- to improve prevention, intervention, and accountability efforts addressing children exposed to violence. CEVI includes \$10 million in Safe Start grants, training materials and programs, support for and expansion of current programs, support for legislative reform, and public awareness-building. Through this and previous Administration efforts, child abuse has declined for five years in a row, down approximately 11 percent from a record 1,018,692 in 1993. [HHS Press Release, 4/10/99]

**Early Childhood Education and Safe Places for Kids in and out of School: Head Start and 21<sup>st</sup> Century Community Learning Centers.** Focusing on preventing domestic violence in the long-term, the United States continues to support its early education program, *Head Start*. This program will reach a total of 880,000 children in FY 2000 and will serve one million children and their families by the year 2002. Now reaching more kids than at any time since its creation in 1965 and in FY00 will serve be funded at \$5.3 billion, 90 percent above the 1993 level [Head Start Fact Sheet; Administration of Children and Families, HHS; 1/99].

The Administration also created *Early Head Start*, bringing Head Start's successful comprehensive services to families with children ages zero to three, and set high quality standards for both programs.

In addition to supporting early education, the Administration doubled funding for after-school programs, investing \$453 million to provide 675,000 students with a safe place to be in the non-school hours. The *21st Century Community Learning Centers* program keeps public schools open longer and provides safe and educational after-school opportunities for school-age children in rural and urban communities each year.

## **5. IMPROVEMENT IN MATERNAL AND CHILD HEALTH SERVICES, DESAPER**

President Clinton has worked tirelessly to ensure greater access to health services for all Americans and to improve overall health in the United States. A significant factor affecting child health, child poverty has declined from 22.7 percent to 18.9 percent -- the biggest five-year drop in early 30 years. Additionally, there has been a 15.2 percent decrease in the infant mortality rate -- to the lowest level in history -- from 8.5 in 1992 to 7.2 in 1997. [America's Children: Key National Indicators of Well-Being, NIH, 7/8/99]

**Increasing the Number of Americans with Health Care: Medicaid reforms and CHIP.** The President has insisted on maintaining the Medicaid guarantee and has successfully fought to increase low-income families' access to health care. Under the Clinton-Gore Administration, states have *expanded Medicaid coverage* to working families who cannot afford health insurance, allowing Medicaid to be a freestanding health insurance program for low-income families. States now provide Medicaid coverage to more than 130,000 working, two-parent families who meet state income eligibility requirements, eliminating disincentives to marriage and work.

With bipartisan support from the Congress, the President created the *Children's Health Insurance Program (CHIP)* in 1997, allocating \$24 billion dollars over the next five years to extend health care coverage to 5 million uninsured children through state-designed programs. As many as 5 million more children will receive health insurance under President Clinton's *State Children's Health Insurance Program (SCHIP)*. Already 2 million uninsured children have enrolled in SCHIP, doubling the program's enrollment in less than a year.

In October 1999, President Clinton announced new outreach initiatives to enroll millions of uninsured, eligible children in CHIP. [White House Fact Sheet, 1/11/00]. In March 1999, the Administration released guidance encouraging states to reach out to children and families who leave welfare but are still eligible for Medicaid or CHIP. The guidance also clarifies state responsibilities to provide Medicaid applications upon request, process them without delay, and maintain Medicaid eligibility for families leaving welfare.

**Improving Access to Nutritional Assistance for American Families: WIC and Food Stamps.** The *Women, Infants and Children's (WIC)* program has given more than 7 million young families wise health advice and nutritional food. Under President Clinton, WIC has expanded by 1.7 million -- from 5.7 million in 1993 to 7.4 million women, infants and children in 1999. Funding has risen from \$2.9 billion to \$3.9 billion. Children enrolled in WIC programs are immunized earlier, perform better in school, and spend less time in the doctor's office.

In order to ensure that low-income families get the nutritional assistance they need through the *Food Stamp* program, the Clinton Administration has taken a number of steps. In January 1999, the United States Department of Agriculture (USDA) sent states a notice outlining the law's requirements, including that states should ensure that applicants are fully aware of their right to file an application for Food Stamps when applying for cash assistance and should not automatically terminate Food Stamp benefits as people move to work.

In July 1999, the President took executive actions to help ensure working families who need Food Stamps have access. These actions included: a public education campaign with

informational materials and an enhanced toll-free information line, guidance making it easier for working families to own a car and still receive food stamps, and regulations making it easier for states to serve working families. The FY 2001 budget includes \$10 million for USDA to enhance nutrition security for low-income Americans through a multi-faceted education and outreach campaign. The new *Families Win* initiative also includes \$5 million to improve access to these critical work supports for low-income working families through the one-stop career centers.

In December 1999, the President unveiled \$200 million a year in new incentives for states that succeed in moving people from welfare to work, enrolling children and families in Medicaid, Children's Health Insurance Program and Food Stamps, and encouraging family formation.

**Increasing Childhood Immunization Rates.** Childhood immunization coverage rates in 1998 were the highest ever recorded. Over 90 percent of America's toddlers received the most critical doses of each of the routinely recommended vaccines in 1996, 1997, and again in 1998 -- surpassing the President's childhood vaccination goal. Because childhood vaccination levels in the United States are at an all-time high, disease and death from diphtheria, pertussis, tetanus, measles, mumps, rubella and Hib are at or near record lows. There was only one reported case of diphtheria, 100 reported cases of measles, and no reported cases of wild poliovirus for 1998. [HHS Fact Sheet, 9/23/99; HHS Fact Sheet 12/31/99]

### **Improving Health and Health Services for Minorities, Immigrants, and Native Americans.**

*Eliminating Racial and Ethnic Health Disparities.* In 1998, President Clinton announced an *initiative to end racial and ethnic health disparities*. The effort sets a national goal of eliminating the longstanding disparities by the year 2010 in six key health areas: infant mortality, diabetes, cancer, heart disease, HIV/AIDS and immunizations. In the FY 1999 budget, Congress took a critical first step in investing in the President's multi-year proposal and in FY 2000 provided an additional \$20 million in funding, a 200 percent increase. Working with minority public health providers, advocates, and other consumer representatives, the FY 2001 budget includes \$35 million for the Centers for Disease Control to continue demonstration programs to enable select communities to develop innovative and effective approaches to address these disparities.

*Focused Health Efforts on Minorities.* The Clinton-Gore Administration established the *Office of the Minority Health Research and Alternative Medicine at the National Institutes of Health*. The Administration also helped communities develop culturally-competent systems for the care of children with serious emotional disturbances through the Comprehensive Mental Health Services for Children and Families program.

*Restoring Benefits to Legal Immigrants.* The President believes that legal immigrants should have the same economic opportunity, and bear the same responsibility, as other members of society. In the Balanced Budget Act of 1997 and the Agricultural Research Act of 1998, the President fought for and succeeded in reversing unfair cuts in benefits to legal immigrants. They restored benefits to Hmong immigrants from Laos who aided our country during the Vietnam War and extends the period during which refugees and asylees may qualify for Food Stamps while they await citizenship. The FY 2001 budget builds on the Administration's progress of restoring these important benefits by providing \$2.5 billion over five years to allow states to

provide health care to certain legal immigrant children and their families and pregnant women, to restore SSI eligibility to legal immigrants with disabilities, and to restore Food Stamp eligibility to certain aged immigrants and to legal immigrants who live in a household with Food Stamp eligible children.

*Health Care for Immigrant Children and Pregnant Women.* Under current law, states have the option to provide health coverage to legal immigrant children and pregnant women who entered the country before August 22, 1996. The President's FY 2001 budget gives states the option to extend Medicaid or State Children's Health Insurance Program (SCHIP) coverage to low-income legal immigrant children and Medicaid to pregnant women regardless of their date of entry to the United States, including those who entered after August 22, 1996. The proposal would cost \$695 million and provide critical health insurance to approximately 144,000 children and 33,000 women by FY 2005. This proposal would help reduce the number of high-risk pregnancies, and ensure healthier children. The budget's Medicaid/SCHIP FamilyCare initiative also covers legal immigrant parents of children who are covered by Medicaid or SCHIP.

*Immigrant and People with Disabilities Nutritional Assistance.* The Agricultural Research Act of 1998 provided Food Stamps for 225,000 legal immigrant children, senior citizens, and people with disabilities who entered the United States by August 22, 1996. The President's FY 2001 budget restores eligibility to legal immigrants in the United States before August 22, 1996 who either subsequently reach age 65 or who live in a household with Food Stamp eligible children. This proposal will restore benefits to about 165,000 legal immigrants by 2005 at a cost of \$565 million.

*Health Services for Native American Communities.* President Clinton won \$2.4 billion for the Indian Health Service (IHS) in FY00, an increase of \$150 million over the 1999 level, and is requesting \$2.6 billion in FY01 -- a ten percent increase and the largest requested increase in over two decades. This increase enables IHS to continue expanding accessible and high-quality health care to its approximately 1.5 million Native American service users. The President's FY00 budget supported Tribal self-determination by proposing a \$35 million increase for contract support costs, to cover the administrative costs of new and existing Tribal contracts and compacts, including those with health care providers.

## **6. PREVENTION OF HIV/AIDS IN WOMEN AND CHILDREN**

**A Focus on National Leadership, Funding, and Research.** President Clinton has created a *White House Office of National AIDS Policy* to bring greater direction and visibility to the war on AIDS. The Administration also created the *Presidential Advisory Council on HIV and AIDS* to provide expert outside advice on the ways in which the Federal government should respond to the HIV/AIDS epidemic.

During the Clinton Administration, funding for AIDS research has increased by over 89 percent to over \$2 billion at the Department of Health and Human Services (HHS), while funding for HIV prevention has increased 47 percent. Overall funding for major HIV/AIDS programs has been increased by 121 percent (within HHS).

In one of his first acts in office, President Clinton signed *the National Institutes of Health Revitalization Act of 1993*, placing full responsibility for planning, budgeting, and evaluation of the AIDS research program at National Institute of Health in the Office of AIDS Research. The President requested and received the first federal plan for biomedical research on AIDS. On June 9, 1999, President Clinton dedicated the new *Dale and Betty Bumpers Vaccine Research Center* at the National Institutes of Health and announced that the primary work of this new Center will be HIV vaccine research. Funding for AIDS drug assistance has increased from \$52 million per year to \$528 million per year during the Clinton/Gore Administration. Since 1993, the Food and Drug Administration has approved dozens of new AIDS drugs for AIDS-related conditions and new diagnostic tests.

Although much work remains to find a cure, progress has been made. In 1996, for the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS declined. And between 1996 and 1997, HIV/AIDS mortality declined 42 percent, falling from the leading cause of death among 25-44 year olds in 1995 to the fifth leading cause of death in that age group. There has been a decline in the number of AIDS cases overall and a sharp decline in new AIDS cases in infants and children.

**Addressing HIV/AIDS in Minority Communities.** Racial and ethnic communities make up the fastest growing portion of HIV/AIDS cases (more than 50 percent of all new HIV cases). In FY 2000, the President builds on the progress started last year with a \$251 million investment in a comprehensive initiative that will improve prevention efforts in high-risk communities and expand access to cutting edge HIV therapies and other treatment needed for HIV/AIDS in minority communities. The President's FY 2001 budget includes \$274 million to continue this effort.

**Addressing AIDS Globally.** In July 1999, the Administration announced a new global AIDS initiative entitled *LIFE (Leadership and Investment in Fighting and Epidemic)*. The cornerstone of the initiative is a \$100 million increase in US support for global AIDS efforts, with a particular focus on sub-Saharan Africa. The United States has invested over \$1 billion in international AIDS relief since the start of the epidemic and funds 5% of UNAIDS. NIH represents the largest single public investment in AIDS research in the world. More than \$62 million of NIH's international AIDS research in FY1999 is being conducted overseas in partnership with the global scientific community. USAID Missions support HIV/AIDS prevention projects in Guyana, Peru, Brazil, Dominican Republic, Mexico, Honduras, Jamaica, Bolivia and Haiti. Two regional programs *PASCA* and *PASMO* work to improve knowledge and prevention practices and policies in Central America. USAID's Latin American and Caribbean Bureau support a program to share lessons-learned and best practices in HIV/AIDS programming throughout the region.

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## **Status of Commitments from the 9<sup>th</sup> Conference: USG Regional Initiatives**

### ***Reduction of Violence***

USAID is supporting a study of the Interamerican Commission on Women (CIM) to review the implementation of the Belem do Para Interamerican Convention on the Prevention, Punishment and Eradication of Violence against Women. Five years after its implementation, the study is designed to monitor the progress of States in implementing the Convention and to collect and analyze information on the measures adopted by the States to prevent and prohibit violence against women and assist women affected by violence.

To date, the research is complete and the results are being compiled and analyzed. A draft report will be presented to the CIM Assembly of Delegates at the biennial meeting November 15-17, 2000 in Washington. A series of meetings with experts will then be held over the next several months to gather feedback and refine recommendations for the OAS member states.

### ***Preventive health and equitable access to health care***

USAID's Regional Bureau for Latin America and the Caribbean funds a health sector reform initiative with the Pan American Health Organization. USD 8 million has been authorized for this five-year initiative which seeks to strengthen health sector reform processes to create more equitable, efficient and preventive care and increased access to rural and under-served populations. Many of the bilateral USAID programs in the region have strong health sector reform components.

### ***Elimination of measles and other preventable diseases***

USAID's Regional Bureau for Latin America and the Caribbean supports a regional vaccination initiative with PAHO that seeks to eradicate measles throughout the region, to strengthen the expanded program in immunizations and to introduce two new vaccines to halt the spread of immuno-preventable diseases. USD 10 million has been authorized for this six-year effort.

### ***Prevention of HIV/AIDS***

USAID's Regional Bureau for Latin America and the Caribbean will begin a regional HIV/AIDS program to contribute to the prevention of HIV/AIDS. For FY 2000 and 2001 USD 1.5 million has been planned for this activity. Total spending in the region to prevent HIV/AIDS in 1999 and 2000 was USD 30.2 million. Bilateral programs are currently active in Mexico, Honduras, El Salvador, Nicaragua, the Dominican Republic, Haiti, Jamaica, Guyana, Brazil, Peru, and Bolivia. A Central America Regional HIV/AIDS project covers Nicaragua, Honduras, Guatemala, El Salvador, Belize and Panama. A Caribbean Regional project is in the planning stages.

### ***Accessibility and quality of perinatal health***

The IMCI Initiative funded by the LAC Regional Bureau is beginning to incorporate a perinatal component into the IMCI algorithm. In El Salvador with central funds, USAID

is working with the Ministry of Health to strengthen the mother-baby initiative at the community level.

***Accessibility to reproductive health services***

In FY 1999 and 2000, USAID spent USD 109.3 million for improving access and quality of family planning and other reproductive health services in the Latin America and Caribbean region.

***Birth registration and prevention of maternal mortality***

USAID's Regional Bureau for Latin America and the Caribbean has funded an initiative with PAHO that works to strengthen registration and prevent maternal mortality through, policy, communication and essential obstetrical care. The funding authorization for this five-year initiative is USD 6.5 million. Bilateral programs in Bolivia and Guatemala work to strengthen maternal mortality prevention.

***Prevention of infant and child mortality***

The Integrated Management of Childhood Illnesses (IMCI) initiative with PAHO that is supported by USAID's LAC Bureau is authorized at USD 7 million over five years. This initiative is active in the child survival emphasis countries: Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Peru. This effort seeks to improve the prevention, detection and treatment of common childhood illnesses that are major causes of infant and child mortality e.g. dehydration from diarrheal diseases and pneumonia. In the Latin America and Caribbean Region in 1999 and 2000, USAID spent a total of USD 189.6 million to prevent infant and child deaths.

***Regional and non-governmental organizations***

USAID supports PAHO and a large group of U.S. PVOs and international NGOs through its centrally funded and bilateral programs.

# Clinton Presidential Records

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## Santiago Declaration

The Wives of the Heads of State and Government of the Americas and Delegates meeting in Santiago, Chile from the 28<sup>th</sup> through the 30<sup>th</sup> of September of 1998 under the theme "The Americas Pave Today the Way for the Year 2000" for the purpose of sharing the achievements and lending new impetus to our commitment to contribute to the development of the countries in the Hemisphere, hereby sign the following Declaration:

1. We recognize the growing need to contribute more actively to finding solutions to social problems that require a hemispheric effort by pooling skills, sharing experiences, strengthening initiatives, and designing strategies that permit us to take effective action in this area.
2. We value our potential as a shared network of common goals and projects that transcend our borders for the purpose of bringing together, developing and using capabilities and resources to the benefit of our societies, especially its vulnerable sectors.
3. Our actions are oriented towards supporting and promoting social policies and strategies consistent with international agreements and resolutions that foster the strengthening of democracy, the eradication of poverty, the protection and promotion of human rights, progress toward economic stability and social justice for all the peoples of the Americas.
4. We commit ourselves once more to the agreements concluded as part of the Panama Declaration with respect to high-risk population groups who are hardest hit by the effects of poverty and social exclusion. We reaffirm our commitments to ensure that policies and programs are fully incorporated into the development processes of our countries.
5. We recognize that globalization is generating in each of our countries new scenarios that present a series of new demands and opportunities with respect to national capabilities.
6. We endorse and value the strides made as set forth in the "Follow-up Report on the Agreements and Projects Adopted at the Seventh Conference of Wives of Heads Of State and Government of the Americas" regarding: Teen Pregnancy Prevention; Cancer Prevention and Control; Eradication of Measles; Elimination of all Forms of Violence; Reduction of Maternal Morbidity and Mortality; Compliance with Rights and Obligations with respect to Children; Improvement of the Quality of Childhood Education Systems; Equal Access by Boys and Girls to Education; and Equal Access by Women to Decision-Making Processes.
7. We agree to adopt, as central priority issues of this Eighth Conference, given their importance and relevance to the situations in the countries gathered here: Education; Promotion of Women's Rights to Participation; Prevention and Elimination of Domestic Violence and Child Abuse, and coordination with the agreements and resolutions of the Second Summit of the Americas held in Santiago, Chile, in April 1998 and other conferences on these topics.
8. We underscore, in the field of education, the importance of the comprehensive development of the child, with emphasis on the early education of boys and girls under 6 years of age living in poverty and other high-risk situations. We also underscore the importance of continuing to combine our efforts to support the inclusion and retention of women in the labor force and promote educational strategies that target women and children's health.
9. We recognize that problems that need to be addressed in the Americas on an urgent basis include: increased teenage pregnancy and a higher incidence of Acquired Immune Deficiency Syndrome. We agree to dedicate our efforts to encourage and support sexual education for boys and girls, regarding the prevention of AIDS and other STD.



10. We reaffirm our support for strengthening the rights of women to participate in all areas of social, political, economic and cultural endeavors involving our peoples. We greatly value and support the initiatives taken to include rural women in this process.
11. We declare our firm intent to continue to strive for equal treatment and opportunities for women, which serve as barometers of actual progress made in consolidating the democratic mechanisms that our countries are promoting. We will lend support to programs aimed at strengthening the capabilities of women, particularly those that encourage and develop their leadership skills.
12. We recognize and value the progress made in the countries of the Hemisphere with respect to legislation applicable to domestic violence. We agree to devote our efforts to strengthening those entities that guarantee proper implementation of and actual compliance with the rights and duties resulting from this legislation.
13. We reiterate the need to guarantee continuity of efforts aimed at eradicating measles in our Hemisphere by the year 2000. Moreover, we support other initiatives aimed at implementing innovative strategies for the promotion of physical and mental health.
14. We agree that within the context of the International Year of Senior Citizens, scheduled by the United Nations to cover the period September 1, 1998 through September 30, 1999, to work systematically in our countries for their full social, economic and cultural inclusion. We will also provide assistance with exchanges and technical support in this area among our countries.
15. We note that our meeting coincides with the Fiftieth Anniversary of the Universal Declaration of Human Rights and we undertake to comply fully with the goals set forth in that important Declaration, reaffirming the universal, indivisible and interdependency of these rights.
16. We declare our firm intention to promote equal opportunities for persons with disabilities, in order to strengthen their participatory rights.
17. We emphasize the valuable assistance being provided by cooperation agencies, international organizations and multilateral programs to support social policies, governmental and non-governmental institutions to bolster initiatives and resources aimed at the implementation of our activities that benefit the vulnerable groups.
18. We reaffirm our support for access to and participation of women in decision-making processes as one of the most important ways of achieving our goals and "paving today the way for the year 2000".
19. We express our solidarity with the countries affected by the recent disaster caused by nature particularly by Hurricane George.
20. We express our appreciation to the First Lady of the Republic of Chile, Mrs. Marta Larraechea de Frei, and in particular, the Chilean government and people, for the hospitality extended during our stay.
21. We are grateful for and accept the courteous offer of the wife of the Prime Minister of Canada, Mrs. Aline Chrétien, to host the Ninth Conference of Wives of the Heads of State and Government of the Americas in 1999.



Mrs. Dora Boyd de Pérez Balladares  
First Lady of Panama

Mrs. Mary Flake de Flores  
First Lady of Honduras

Mrs. Marta Larraechea de Frei  
First Lady of Chile

Mrs. María Dolores Alemán Cardenal  
First Lady of Nicaragua

Mrs. Aline Chrétien  
First Lady of Canada

Mrs. Mirta Gusinky de Cubas  
First Lady of Paraguay

Mrs. Yolanda Prada de Banzer  
First Lady of Bolivia

Ms. Keiko Sofía Fujimori Higuchi  
First Lady of Peru

Mrs. Ruth Correa de Leite Cardozo  
First Lady of Brazil

Mrs. Carmen L. Campos de Fernández  
First Lady of the Dominican Republic

Mrs. Norha Puyana de Pastrana  
First Lady of Colombia

Mrs. Calliopa Pearlette Louisy  
First Lady of Saint Lucia

Mrs. Lorena Clare de Rodríguez  
First Lady of Costa Rica

Mrs. Ismay Patricia D'Leon  
First Lady of Suriname

Ms. Paola Mahuad Calderón  
First Lady of Ecuador

Mrs. Oma Panday  
First Lady of Trinidad and Tobago

Mrs. Elizabeth de Calderón Sol  
First Lady of El Salvador

Mrs. Teresa González Fernández de Solá  
Government Delegate of Argentina

Mrs. Hillary Rodham Clinton  
First Lady of the United States of America

Mrs. Vilma Lucila Espín de Castro  
Government Delegate of Cuba

Mrs. Patricia Escobar de Arzú  
First Lady of Guatemala

Mrs. Elsie Schmilinsky de Altimari  
Government Delegate of Venezuela

Mrs. Yvonne Zereder Hinds  
First Lady of Guyana

Mrs. María Amparo Canto González  
Secretary of Foreign Affairs of Mexico

Mrs. Géri Benoit Preval  
First Lady of Haiti

Mrs. Escribana Gabriela Sierra del Cioppo  
Technical Advisor of Uruguay



## Declaration of Panama

The First Ladies of Antigua and Barbuda, Brazil, Canada, Colombia, Costa Rica, Chile, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Suriname, Trinidad and Tobago, and the United States, and the Representatives designated by the Governments of Argentina, Bolivia, Cuba, El Salvador, Mexico, Paraguay, Peru, the Dominican Republic, Saint Kitts and Nevis, Uruguay and Venezuela, meeting in Panama on October 8-9, 1997, with the theme "Building the Future of America with Human Rights and a Culture of Peace," to evaluate progress made and to renew our commitment to find a solution to the social problems of our Continent, agree to sign the following Declaration:

1- We recognize that the social problems which our countries are facing are, in some respects, common to us all, and that their solution requires the participation and commitment of all sectors of society.

2- We firmly believe that the promotion and respect of human rights, the achievement of equality and the strengthening of values such as solidarity, tolerance, a culture of peace, pluralism and the right to self-determination of people, are fundamental conditions for the development and integration of a community of nations.

3- We have proven the existence of vulnerable population groups who have been greatly impacted by poverty, unemployment, and social disintegration. Among these, children, young people, urban and rural women, the elderly and disabled require policies and programs which will facilitate their incorporation into the development process and its benefits.

4- We reiterate our desire to put our capabilities as managers, mobilizers, facilitators or ralliers of social programs and policies at the service of our countries, with an emphasis on the vulnerable sectors, in complete unity with the national interests of each country, gaining inspiration from dialogue, negotiation and mutual respect.

5- We will continue to use as a frame of reference and orientation the recommendations and decisions supported

by our Governments at the World Summit on Children in 1990; the United Nations Conference on the Environment and Development of 1992; the Geneva Declaration on Rural Women of 1992; the World Conference on Human Rights of 1993; the International Conference on Population and Development of 1994; the Summit of the Americas of 1994; the World Summit on Social Development of 1995; the IV World Conference on Women of 1995; the World Food Summit of 1996, and the Summit for Sustainable Development in Santa Cruz, Bolivia, in 1996.

6- Conscious of the rapid changes which characterize today's world, we reiterate our commitment to increase the access and to improve the systems of education, training, information and technology, with the aim of providing our populations with the necessary tools to successfully assume the responsibility to contribute to their development.

7- We reiterate our commitment to continue to supporting the fulfillment of our agreements on:

- Prevention of Early Pregnancy
- Prevention and Control of Cancer
- Elimination of all Forms of Violence
- Reduction of Maternal Morbidity-Mortality
- Observance of the Rights and Duties of Children
- Improvement of the Quality of the Educational Systems for Children
- Equal Access for Girls and Boys to Education
- Equal Access of Women in Decision-making Processes

8- We value the work carried out by countries in the region who support the elimination of measles.



9- We continue to be concerned with the poverty and inequality which persist among rural women in the Americas. For this reason, we view with great satisfaction the advances achieved in the establishment and launching of the regional proposal to strengthen the integration of rural women in educational, productive and commercial activities. We request that the Pro-Tempore Secretariat present the project in the manner deemed convenient at the next meeting of the Inter-American Agricultural Board and of other interested regional organizations.

10- We consider that the process of educating children and adolescents must include the development of knowledge, abilities, and a sense of responsibility to look after their health, to guarantee and promote their rights and to promote co-existence, non-discrimination, equality among men and women, and conflict resolution through dialogue, communication, negotiation and mutual respect.

11- We commit our efforts to contribute to the eradication of child labor, whose repercussions bar the harmonious and integral education and development of boys and girls in our countries. Because of this, we request the United Nations to establish an International Year for the Eradication of Child Labor.

12- We recognize the urgency of all the countries in adopting the necessary measures to comply with the Treaty on the Rights of Children in particular, and to confront as soon as possible, the elimination of all forms of violence against boys and girls which irreparably mutilate and lacerate their bodies and spirits.

13- We invite countries which have not done so, to ratify the Inter-American Treaty for the Prevention, Sanction, and Eradication of Violence against Women, known as the Treaty de Belem do Pará, adopted in 1994.

14- We support initiatives promoting Human Rights, to lay the foundation for a real Culture of Peace and Development, such as the ones already in place, to overcome poverty on our continent.

15- We recognize that to reach our goals of achieving a true culture of peace and development, it is indispensable to support the access and participation of women in the process of decision-making within the framework of a diverse and active civil society.

16- We recognize the valuable participation and contribution of international organizations and financial institutions which have supported our initiatives, making possible the execution of projects and programs destined for the neediest and most vulnerable sectors of our societies.

17- We gratefully appreciate and accept the kind offer of the First Lady of Chile to host the VIII<sup>th</sup> Conference of the Wives of Heads of State and Governments of the Americas in 1998.

18- We thank the First Lady of Panama, Dora Boyd de Pérez Balladares, the people and government of Panama, for the kind attention we have received during our stay.

Two copies were signed in the city of Panama in their original form in Spanish and English on October 9th, 1997.



## Annex

# Participants and special guests

- | COUNTRY                |
|------------------------|
| 1. Antigua             |
| 2. Chile               |
| 3. Colombia            |
| 4. Costa Rica          |
| 5. Guatemala           |
| 6. Guyana              |
| 7. Nicaragua           |
| 8. Suriname            |
| 9. Trinidad and Tobago |
| 10. Brazil             |
| 11. Ecuador            |
| 12. Haiti              |
| 13. Canada             |
| 14. United States      |
| 15. Jamaica            |
| 16. Panama             |

- | FIRST LADIES                    |
|---------------------------------|
| Patricia Bird                   |
| Marta Larrechea de Frei         |
| Jacquin Strouss de Samper       |
| Josette Altmann de Figueres     |
| Patricia Escobar Dalton de Arzú |
| Ivonne Hinds                    |
| María Dolores de Alemán         |
| Patricia De León                |
| Ismay Patricia Robinson         |
| Ruth Correa Leite de Cardoso    |
| Lucía Peña Ochoa de Alarcón     |
| Géri Benoit Préval              |
| Aline Chrétien                  |
| Hillary Rodham Clinton          |
| Lady Ivy Silvia Watson de Cooke |
| Dora Boyd de Pérez Balladares   |

- | COUNTRY                |
|------------------------|
| 1. Argentina           |
| 2. Cuba                |
| 3. Peru                |
| 4. Uruguay             |
| 5. St. Kitts           |
| 6. Venezuela           |
| 7. Paraguay            |
| 8. Mexico              |
| 9. Bolivia             |
| 10. El Salvador        |
| 11. Dominican Republic |

- | GOVERNMENT DELEGATES                |
|-------------------------------------|
| Ambassador Zelmira Mireya Regazzoli |
| Sonia Beretervide Dopico            |
| Ambassador Beatriz Ramacciotti      |
| Deputy Diana Cristina Saravia Olmos |
| Verónica Liburd                     |
| Elsie de Altimari                   |
| Beatriz Barriocanal de Breuer       |
| María Carmen Oñate                  |
| Virginia Gaylle de Quiroga          |
| Abigail Castro de Pérez             |
| Lissy Campos de Fernández           |

- | SPECIAL GUESTS               |
|------------------------------|
| 1. Her Majesty Queen Fabiola |
| 2. Rebeca Grynspan           |
| 3. Sir George Alleyne        |
| 4. Muni Figueres             |
| 5. Mayra Buvinic             |
| 6. Juan Méndez               |
| 7. Ana Botella de Aznar      |
| 8. Ofelia Calcetas-Santos    |
| 9. Carmen Moreno             |
| 10. Elaine Wolfensohn        |
| 11. Tomás Jiménez Araya      |
| 12. Ricardo Alba             |
| 13. Anaisabel Prera          |
| 14. Larry Boone              |
| 15. Margarita Roque          |
| 16. Marta Maurás             |
| 17. Roberto Leal Ocampo      |

- |                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| Queen of Belgium                                                                                      |
| Vice-President of Costa Rica                                                                          |
| General Manager of PAHO                                                                               |
| IDB External Relations Advisor                                                                        |
| Head of the IDB Unit for Women in Development                                                         |
| Executive Manager of the Inter-American Institute of Human Rights                                     |
| Wife of the President of the Government of Spain                                                      |
| Special Reporter of the United Nations on the subject of Child Abuse                                  |
| Subregional Manager -IPEC                                                                             |
| Head of the World Bank Delegation                                                                     |
| Head of the UNFPA Delegation                                                                          |
| ALICC- representing the Countess of Elda                                                              |
| Special Counsellor to the Director of UNESCO                                                          |
| General Deputy Manager of IICA, Costa Rica                                                            |
| Executive Secretary of the CIM                                                                        |
| Regional Manager of UNICEF for Latin America and the Caribbean                                        |
| Director of the Inter-American Confederation of the International League for Mentally Disabled People |

## SIXTH CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

### DECLARATION OF LA PAZ

WE, THE WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS AND REPRESENTATIVES OF GOVERNMENTS, MEETING IN THE CITY OF LA PAZ BETWEEN 3 AND 6 DECEMBER, 1966, WITH THE PURPOSE OF ANALYZING "THE RIGHTS OF WOMEN AND CHILDREN WITHIN THE FRAMEWORK OF SUSTAINABLE HUMAN DEVELOPMENT" AND IN AGREEING UPON ACTIONS, INSPIRED IN DIALOGUE, SOLIDARITY AND MUTUAL RESPECT, SUBSCRIBE TO THE FOLLOWING DECLARATION OF PRINCIPLES:

1. WE RECOGNIZE THAT THE SUBJECTS OF SOCIAL POLICIES SHOULD PARTICIPATE IN AN ORGANIZED AND ACTIVE MANNER IN THE PLANNING, IMPLEMENTATION AND FOLLOW-UP OF ECONOMIC, POLITICAL AND SOCIAL ACTIVITIES SO THAT EVERYONE MAY DEVELOP TO THEIR MAXIMUM POTENTIAL IN ORDER TO ASSURE THE RIGHTS OF PEOPLE TO RECEIVE PROPER CARE INCLUDING NUTRITION, HOUSING, HEALTH, EMPLOYMENT AND RECREATION.

2. WE RECOGNIZE, NEVERTHELESS, THAT ON OUR CONTINENT BARRIERS EXIST FOR THE MOST VULNERABLE SECTORS OF OUR POPULATION, ESPECIALLY WOMEN AND CHILDREN, IN REACHING THEIR FULL POTENTIAL AND EXERCISING THEIR RIGHTS.

3. WE BELIEVE THAT IN ORDER TO MEET THE CHALLENGES OF SUSTAINABLE HUMAN DEVELOPMENT, GOVERNMENTS AND CIVIL SOCIETIES SHOULD WORK WITH RESPONSIBILITY AND SOLIDARITY PROMOTING CONDITIONS OF OPPORTUNITY AND EQUITY THAT WILL ALLOW THE DEVELOPMENT OF ABILITIES, MEANS OF ORGANIZATION AND PARTICIPATION IN THE DECISION-MAKING PROCESS.

4. WE RECOGNIZE THE LINK BETWEEN SOCIAL, POLITICAL, ECONOMIC AND ENVIRONMENTAL CONDITIONS WHOSE INTER-RELATIONSHIP MAKES POSSIBLE THE SUSTAINABILITY OF DEVELOPMENT, AND GUARANTEES THE IMPROVEMENT OF THE QUALITY OF LIFE FOR PRESENT GENERATIONS WITHOUT COMPROMISING THE WELFARE OF FUTURE GENERATIONS.

5. WE REAFFIRM OUR COMMITMENT TO PROMOTE AND SUPPORT POLICIES AND STRATEGIES FOR SUSTAINABLE HUMAN DEVELOPMENT THAT SEEK COMPLETE AND FAIR PARTICIPATION FOR THE MOST VULNERABLE SOCIAL SECTORS.

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6. WE OFFER OUR MANAGEMENT AND MOBILIZING ABILITY TO CONTINUE FULFILLING COMMITMENTS WE HAVE MADE, IN ACCORDANCE WITH THE NATIONAL INTERESTS OF EACH COUNTRY, MADE AT THE MEETINGS OF VENEZUELA, COLOMBIA, COSTA RICA, SANTA LUCIA AND PARAGUAY, AND ALSO TO IMPLEMENT RECOMMENDATIONS AND DECISIONS ADOPTED AT THE WORLD CONFERENCE ON CHILDREN, HELD IN NEW YORK IN SEPTEMBER OF 1990; THE UNITED NATIONS CONFERENCE ON ENVIRONMENT AND DEVELOPMENT, HELD IN RIO DE JANEIRO IN JUNE OF 1992; THE WORLD CONFERENCE ON HUMAN RIGHTS, HELD IN VIENNA IN JUNE OF 1993; THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, HELD IN CAIRO IN SEPTEMBER OF 1994; THE SUMMIT ON SOCIAL DEVELOPMENT, HELD IN COPENHAGEN IN MARCH OF 1995; THE IV WORLD CONFERENCE ON WOMEN, HELD IN BEIJING IN SEPTEMBER OF 1995; THE WORLD FOOD SUMMIT HELD IN ROME IN NOVEMBER 1996; AND THE SUMMIT OF THE AMERICAS, HELD IN MIAMI, RELATING TO THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT; AS WELL AS THOSE EXPRESSED IN AGENDA 21 CONCERNING WOMEN AND CHILDREN.

7. WE COMMIT OUR FIRM SUPPORT TO SOUND AND EFFECTIVE SOCIAL POLICIES AND STRATEGIES THAT THE GOVERNMENTS OF THE HEMISPHERE FOSTER, IN ORDER TO ACHIEVE SUSTAINABLE HUMAN DEVELOPMENT.

8. WE HIGHLIGHT THE ETHNIC AND CULTURAL VALUE OF OUR SOCIETIES AS AN ESSENTIAL FACTOR TO BE CONSIDERED IN FORMULATING AND IMPLEMENTING POLICIES AND STRATEGIES DIRECTED TOWARD WOMEN AND CHILDREN, IN AN ATMOSPHERE OF HARMONY, PEACE, EQUITY, PLURALISM AND DIVERSITY.

9. WE REAFFIRM OUR COMMITMENT TO JOIN EFFORTS, COORDINATE ACTIONS, AND SHARE EXPERIENCES WITH THE PURPOSE OF STRENGTHENING COOPERATION AND INTEGRATION OF ALL COUNTRIES OF THE CONTINENT.

10. WE RECOGNIZE THE IMPORTANCE OF HEALTH IN OUR POPULATIONS, ESPECIALLY FOR WOMEN, IN ORDER FOR THEM TO REACH THEIR FULL PARTICIPATION WITHIN THE ECONOMIC, POLITICAL AND SOCIAL LIFE OF OUR SOCIETIES, FOR WHICH WE STRIVE TO SUPPORT PROGRAMS AIMED AT SOLVING CRITICAL HEALTH PROBLEMS IN THE AMERICAS.

11. WE REITERATE OUR SUPPORT FOR THE IMPLEMENTATION OF PROGRAMS TO REDUCE MATERNAL MORTALITY, INCLUDING ACCESS TO PRENATAL CARE AND DELIVERY BY TRAINED PERSONNEL; THE DEVELOPMENT OF SERVICES ABLE TO SOLVE OBSTETRIC EMERGENCIES; SEXUAL EDUCATION AND REPRODUCTIVE HEALTH\*; AND DEVELOPMENT OF VOLUNTARY, ACCESSIBLE AND HIGH QUALITY FAMILY PLANNING SERVICES AVAILABLE TO COUPLES. FURTHERMORE, WE REAFFIRM OUR COMMITMENT TO IMPROVE THE QUALITY OF WOMEN'S HEALTH CARE AT ALL LEVELS OF THE HEALTH SYSTEM AND AT ALL STAGES OF WOMEN'S LIVES.

\* Guatemala considers that the term "reproductive health," in accordance with its national legislation, should be understood as "integrated health".

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12. WE REAFFIRM OUR COMMITMENT TO MOBILIZE NATIONAL EFFORTS TO PROTECT CHILDREN FROM MEASLES AND TO ERADICATE THIS ILLNESS FROM THE AMERICAS. WE APPLAUD THE EFFORTS AND SUCCESSES ATTAINED BY ALL OUR COUNTRIES IN THE FIGHT AGAINST THIS ILLNESS AND ALL THOSE ILLNESSES THAT CAN BE PREVENTED THROUGH IMMUNIZATION. WE WILL CONTINUE TO SUPPORT ACTIONS IN ORDER TO MAINTAIN THE HIGH COVERAGE OF IMMUNIZATION SO THAT THE GOAL OF ERADICATING MEASLES CAN BE MET BY THE YEAR 2000.

13. WE ENCOURAGE AND SUPPORT THE IMPLEMENTATION OF A REGIONAL PROJECT DIRECTED TO THE REDUCTION OF MALNUTRITION FROM MICRONUTRIENT DEFICIENCY IN THE HEMISPHERE, AND TO THE HIGH RATES OF ANEMIA AND THEIR SEVERE CONSEQUENCES FOR WOMEN AND CHILDREN.

14. WE EMPHASIZE THE PRINCIPLE ROLE OF EDUCATION AND TRAINING IN ORDER FOR PEOPLE TO DEVELOP THEIR SKILLS, BROADEN THEIR SPECTRUM OF THEIR OPPORTUNITIES, STIMULATE THEIR CREATIVITY, IMPROVE THEIR INCOME, AND PROMOTE THEIR ADAPTATION TO TECHNOLOGICAL CHANGES THAT WILL IMPROVE THE CONDITION OF WOMEN.

15. WE REAFFIRM OUR COMMITMENT TO IMPROVE THE QUALITY OF EDUCATION OF THE CHILDREN OF THE AMERICAS, PROMOTING BROAD AND EFFECTIVE EDUCATIONAL POLICIES AND ADOPTING BETTER INTERNATIONAL DIALOGUE IN ORDER TO SHARE INFORMATION AND EXPERIENCES FOR THE PURPOSE OF IMPLEMENTING THE MOST EFFECTIVE EDUCATIONAL POLICIES AND STRATEGIES, IN ACCORDANCE WITH THE REALITY AND REQUIREMENTS OF EACH COUNTRY.

16. WE REITERATE THE IMPORTANCE OF PROMOTING THE EDUCATION AND INTEGRATED TRAINING OF WOMEN, PARTICULARLY IN THE RURAL AREAS, AND PROGRAMS THAT WILL ALLOW THEM TO BENEFIT FROM THE DEVELOPMENT PROCESS OF OUR COUNTRIES.

17. WE RECOGNIZE INTRAFAMILY VIOLENCE AS A PUBLIC HEALTH PROBLEM AND A VIOLATION OF HUMAN RIGHTS WHICH AFFECTS IN A SPECIAL MANNER WOMEN OF ALL AGES AND SOCIAL GROUPS. FOR THIS REASON, WE URGE GOVERNMENTS TO DEVELOP PUBLIC POLICIES ORIENTED TOWARDS CONFRONTING THIS PROBLEM IN AN INTEGRATED MANNER.

18. WE URGE GOVERNMENTS TO DEVELOP PUBLIC POLICIES WITH THE OBJECTIVE OF PROMOTING WOMEN'S EQUAL ACCESS TO THE DECISION-MAKING PROCESSES AND TO POWER STRUCTURES IN ALL ASPECTS OF PUBLIC AND POLITICAL LIFE. CONSEQUENTLY, WE RECOMMEND FORMULATING AND IMPLEMENTING SPECIFIC PROGRAMS, IN ACCORDANCE WITH THE ORIENTATION AND MEASURES AGREED UPON BY GOVERNMENTS AT THE FOURTH WORLD CONFERENCE ON WOMEN HELD IN BEIJING IN 1995 WHICH ARE DETAILED IN CLAUSE "G" OF THE PLATFORM OF ACTION, WHICH RESULTED FROM THIS CONFERENCE.

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19. WE DECIDE TO STRENGTHEN THE ORGANIZATIONAL STRUCTURE OF THE PRO TEMPORE SECRETARIAT THROUGH ACTIVE MECHANISMS OF CONSULTATION AND COORDINATION, TO FOLLOW UP ON THE COMMITMENTS MADE AT ALL MEETINGS, AND TO FOSTER THE EXCHANGE OF EXPERIENCES AT THE NATIONAL AND REGIONAL LEVELS IN ORDER TO MAXIMIZE OUR ACTIONS.

20. WE RECOGNIZE THE VALUABLE CONTRIBUTION OF INTERNATIONAL ORGANIZATIONS AND GOVERNMENTAL AND NON-GOVERNMENTAL ENTITIES IN FACILITATING THE IMPLEMENTATION OF PLANS, PROGRAMS AND PROJECTS DIRECTED TO MEETING THE NEEDS OF THE PEOPLE OF OUR COUNTRIES. WE URGE THEM TO CONTINUE TO COOPERATE IN ORDER TO REACH THE OBJECTIVES PROPOSED IN THE PLAN OF ACTION FOR THE SIXTH CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS.

21. WE EXPRESS OUR SATISFACTION TO THE REPUBLIC OF GUATEMALA FOR THE SIGNATURE OF THE PEACE AGREEMENT SIGNED IN OSLO, NORWAY ON DECEMBER 4, 1996 AMONG THE SECTORS INVOLVED, WHICH CONSTITUTES A DECISIVE STEP IN THE PEACE PROCESS OF THIS FRATERNAL NATION.

22. WE ACCEPT THE KIND OFFER OF THE FIRST LADIES OF PANAMA AND CHILE THAT PANAMA BE THE SEAT OF THE VII CONFERENCE OF WIVES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS IN 1997, AND THAT CHILE BE THE SEAT OF THE VIII CONFERENCE IN 1998.

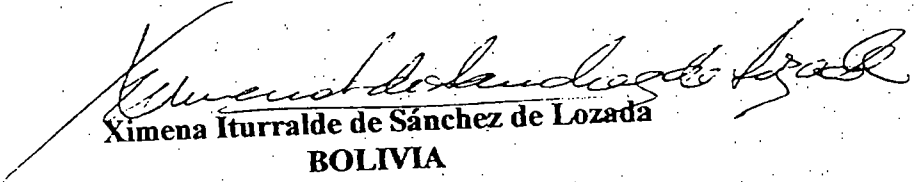
23. WE THANK THE FIRST LADY OF BOLIVIA, AND, THROUGH HER, EXPRESS OUR THANKS TO THE PEOPLE AND GOVERNMENT OF THIS COUNTRY FOR THEIR WARM WELCOME AND HOSPITALITY.

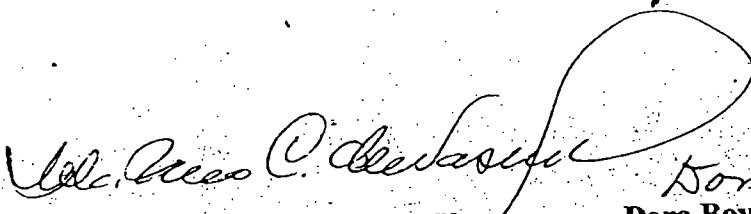
24. SIGNED IN THE CITY OF LA PAZ, BOLIVIA, WITH TWO ORIGINAL DOCUMENTS IN SPANISH AND ENGLISH, ON THE SIXTH DAY OF THE MONTH OF DECEMBER OF THE YEAR ONE THOUSAND NINE HUNDRED NINETY-SIX.

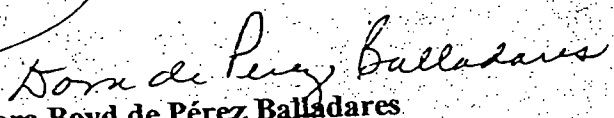
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de la Nación

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**WIVES OF HEADS OF STATE AND  
GOVERNMENT OF THE AMERICAS**

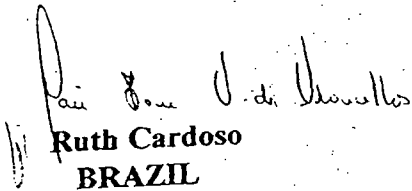
  
Ximena Iturralde de Sánchez de Lozada  
BOLIVIA

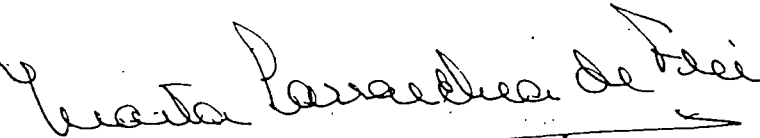
  
María Teresa Carrasco de Wasmoy  
PARAGUAY

  
Dora Boyd de Pérez Balladares  
PANAMA

**WIVES OF HEADS OF STATE AND  
GOVERNMENT**

  
Patricia Bird  
ANTIGUA AND BARBUDA

  
Ruth Cardoso  
BRAZIL

  
Marta Larraechea de Frei  
CHILE

  
Jacquín Strouss de Šamper  
COLOMBIA

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*Josette Altman de Figueres*  
Josette Altmann de Figueres  
COSTA RICA

*Elizabeth de Calderón Sol*  
Elizabeth de Calderón Sol  
EL SALVADOR

*on behalf of Hillary Rodham Clinton*  
Hillary Rodham Clinton  
UNITED STATES OF AMERICA

*Maria Marietta Mitchell*  
María Marietta Mitchell  
GRENADA

*Bessie Watson de Reina*  
Bessie Watson de Reina  
HONDURAS

*Lady Ivy Sylvia Lucille Cooke*  
Lady Ivy Sylvia Lucille Cooke  
JAMAICA

REPRESENTATIVES OF GOVERNMENT

*Zelmira Mireya Regazzoli*  
Zelmira Mireya Regazzoli  
ARGENTINA

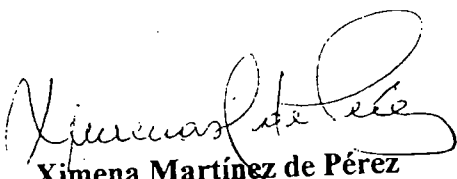
*E. Arnold*  
Elizabeth Arnold  
BELIZE

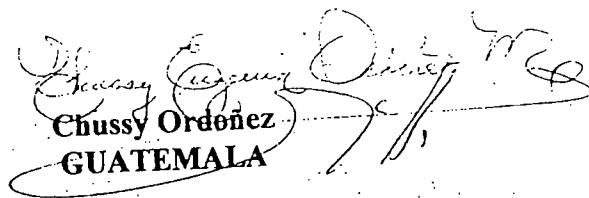
*Jean Augustine*  
Jean Augustine  
CANADA

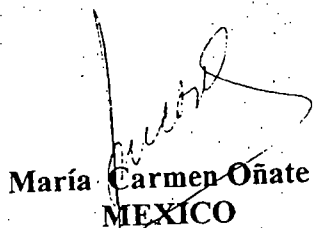
*Yolanda Ferrer Gómez*  
Yolanda Ferrer Gómez  
CUBA

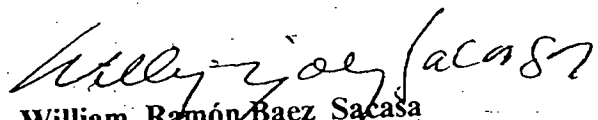
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de la Nación

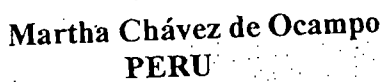
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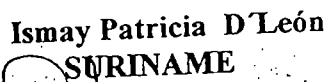
  
Ximena Martínez de Pérez  
ECUADOR

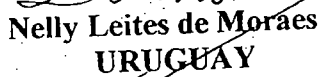
  
Chussy Ordoñez  
GUATEMALA

  
María Carmen Oñate  
MEXICO

  
William Ramón Baez Sacasa  
NICARAGUA

  
Martha Chávez de Ocampo  
PERU

  
Ismay Patricia D'León  
SURINAME

  
Nelly Leites de Moraes  
URUGUAY

  
Elsie Schmilinsky de Altamari  
VENEZUELA

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## DECLARATION OF PARAGUAY

### 5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

WE, the Wives of Heads of State and of Government and Representatives of Governments and of First Ladies of the Americas gathered in the City of Asunción, Capital of the Republic of Paraguay, on October 16-19, 1995, to exchange ideas and strategies concerning the "Health and Education of Women and Children" in our Region, as a follow-up to the 4th Conference of Wives of Heads of State and of Government of the Americas held in Saint Lucia on October 11-13, 1994 and to the Symposium on Children of the Americas held in Miami last December 10,

WE recognize that our countries face common challenges regarding the health and education of women and children and that by sharing experiences and promoting regional actions through these conferences, we can foster the development and the well-being of our nations.

#### IN ACCORDANCE WITH THESE CONSIDERATIONS, WE DECLARE THAT WE WILL:

1. Work in favor of the health and education of women and children, under the principles of: comprehensive development, equality, democratization of information and awareness, and family and social participation.
2. Support actions that improve the health of children and women throughout their life cycles by promoting universal and quality health care, thus contributing to the reduction of maternal morbidity and mortality.

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de la Nación



5ta. CONFERENCIA DE ESPOSAS  
DE JEFES DE ESTADO  
Y DE GOBIERNO  
DE LAS AMERICAS  
SECRETARIA PRO - TEMPORE

3. Encourage and support the implementation - while respecting the national interest and legislation of each country - of the agreements and recommendations reached at the World Summit on Children, the United Nations International Conference on Population and Development, the Summit of the Americas, the United Nations World Summit on Social Development, and the United Nations Fourth World Conference on Women.
4. Contribute to the attainment of the goal to eliminate measles in the Americas by the year 2000.
5. Promote strategies and activities to improve the health and education of women and children, particularly in poor rural areas and marginalized urban areas.
6. Promote women's and girls' access to formal and non-formal education programs, to ensure  
  
equal opportunity for full participation in society and their active contribution to the development of their countries.
7. Promote a hemispheric dialogue to share information and exchange experiences on education reform efforts which increase school enrollment rates and completion rates, improve the quality of primary and secondary education and expand coverage of non-formal family and community based early childhood education.

Contribute to the prevention and elimination of all forms of violence against women and children through the provision of norms and adoption of necessary mechanisms, as well as fostering respect for human rights.

### IN ADDITION:

We agree to express our gratitude to International Organizations and other entities for the interest and support manifested at the Conference of Wives of Heads of State and of Government and Representatives of Governments and of First Ladies of the Americas.

We agree to hold the 6th Conference of Wives of Heads of State and of Government of the Americas in the Republic of Bolivia in 1996; agree to hold the 7th Conference in the Republic of Panama, and form the new Pro-Tempore Secretariat composed of the Offices of First Ladies of Bolivia, Paraguay and Panama.

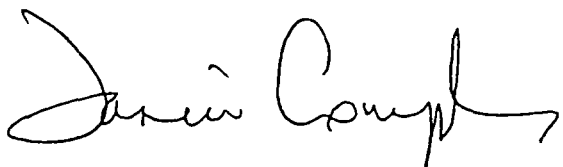
We congratulate and thank our host, Mrs. María Teresa Carrasco de Wasmosy and the Government and people of Paraguay for their warm hospitality and congratulate the Pro-Tempore Secretariat and the General Coordination Committee for the successful culmination of the Conference.

Signed in Asunción, capital of the Republic of Paraguay on the nineteenth day of the month of October of the year nineteen hundred and ninety-five.

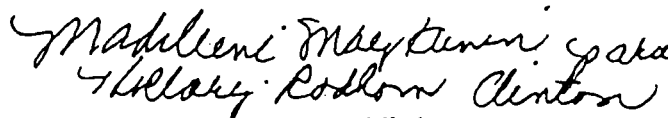
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1a. CONFERENCIA DE ESPOSAS  
DE JEFES DE ESTADO  
Y DE GOBIERNO  
DE LAS AMERICAS  
SECRETARIA PRO - TEMPORE

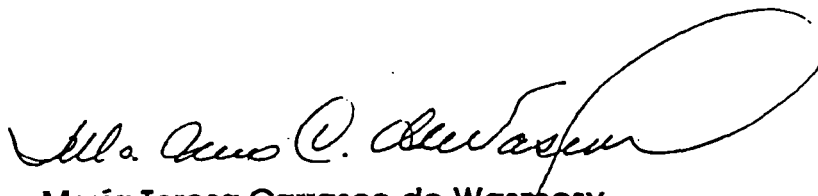
*First Ladies*  
*Members of the Pro Tempore Secretariat*



Janice Compton  
Saint Lucia



Hillary Rodham Clinton  
United States of América



María Teresa Carrasco de Wasmosy  
Paraguay



Ximena Iturralde de Sánchez de Lozada  
Bolivia

Despacho de la  
Primera Dama  
de la Nación

5

1a. CONFERENCIA DE ESPOSAS  
DE JEFES DE ESTADO  
Y DE GOBIERNO  
DE LAS AMERICAS  
SECRETARIA PRO - TEMPORE



*First Ladies*

*Participating at the 5th Conference of Wives of  
Heads of State and of Government of the Americas*

*Aline Chrétien*

Aline Chrétien  
Canada

*Marta Larraechea de Frel*

Marta Larraechea de Frel  
Chile

*Josefina Villalobos de Durán Ballén*  
Josefina Villalobos de Figueres  
Costa Rica

*Josefina Villalobos de Durán Ballén*  
Josefina Villalobos de Durán Ballén  
Ecuador

*Ma. Eugenia Morales de De León*  
Ma. Eugenia Morales de De León  
Guatemala

*Janet Jagan*  
Janet Jagan  
Guyana

*Bessie Watson de Reina*  
Bessie Watson de Reina  
Honduras

*Lady Yvy Sylvia Lucille Cooke*  
Lady Yvy Sylvia Lucille Cooke  
Jamaica

*Nilda Velasco de Zedillo*  
Nilda Velasco de Zedillo  
Mexico

*Dora Boyd de Pérez Balladares*  
Dora Boyd de Pérez Balladares  
Panama

*Llêsbeth Venetiaan Vanenburg*  
Llêsbeth Venetiaan Vanenburg  
Suriname

*Zalayhar Hassanali*  
Zalayhar Hassanali  
Trinidad and Tobago

*Christine Vau*

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de la Nación

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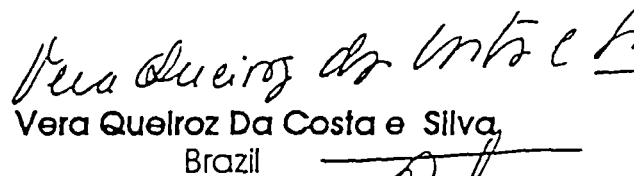


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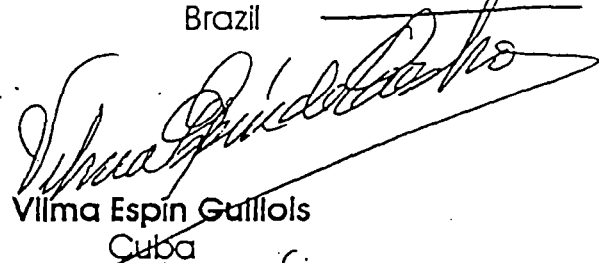
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Y DE GOBIERNO  
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*Representatives of Governments  
and of First Ladies of the Americas*

  
Zelmiria Milreya Regazzoli  
Argentina

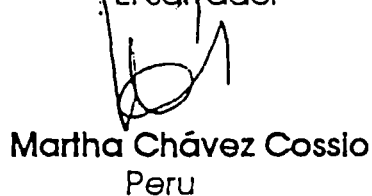
  
Vera Queiroz Da Costa e Silva  
Brazil

  
Maria Cristina Dyssan  
Colombia

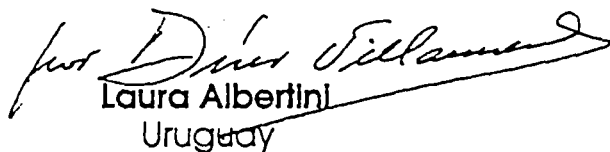
  
Vilma Espin Guillols  
Cuba

  
Claudia Marleia Avila  
El Salvador

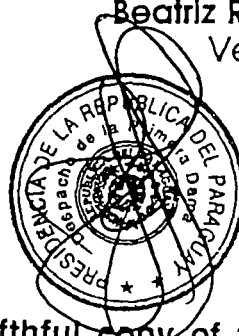
  
Maria Auxiliadora Matus  
Nicaragua

  
Martha Chávez Cossio  
Peru

  
Yocasta Morales de Aybar  
Dominican Republic

  
Laura Albertini  
Uruguay

  
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Asunción - Paraguay

## RECOMMENDATIONS AND PROGRAMS OF THE 5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

As advocates for the health and education of women and children within a framework of equality, peace, freedom, solidarity, social progress and sustainable human development, we recommend consideration of the following strategies and programs:

### A. Concerning Women's Health:

- 1.a. Support the resolution of PAHO's XXIII Pan American Sanitary Conference which encourages Governments of the Americas to establish "policy of comprehensive attention of women's health for the prevention of morbidity and the reduction of maternal mortality by at least 50%, to be achieved by the year 2000".
- b. Promote the allocation of resources to allow for the adequate implementation and follow-up of the "National Plans of Action to Accelerate the Reduction of Maternal Mortality and Morbidity in the Americas," elaborated in collaboration with PAHO and other international organizations.
- c. Promote the disaggregation of morbidity and mortality rates by sex.
2. Create mechanisms in those countries which are engaged in the United Nations Population Fund (UNFPA) Project, "Prevention of Adolescent Pregnancy,"

  
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to contribute to more efficient implementation of this project in response to the following needs:

- a. Encourage the participation of local UNFPA offices in the elaboration, implementation and follow-up of the local components of the Project, so as to guarantee the coordination of this initiative with similar projects funded by other international cooperation agencies, both bilateral and multilateral.
  - b. Widen the scope of action of the project, whenever necessary, so as to include activities related to the reduction of maternal mortality.
  - c. Analyze the possibility of redistributing unallocated financial resources, among those countries which are already implementing the project and need additional resources.
  - d. Adjust the project in order to support, while respecting the national interest of each country, the implementation of the recommendations from the United Nations International Conference for Population and Development and the United Nations Fourth World Conference on Women.
3. Support the proposal of the Association of Ibero-American Leagues Against Cancer (ALICC) to continue and expand the program "Latin America in the Struggle Against Cancer" to countries in the region.

#### B. Concerning Women's Education/Training:

1. Recommend the disaggregation of data by sex and analyze these data in such a way as to take into account the condition and position of each sex within

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specific social contexts.

2. Promote mechanisms through which women can be active participants in the design, implementation and evaluation of projects that promote social equality of women.
3. Based on the experiences of the Projects, "Rural Women in Latin America and the Caribbean" implemented through IICA and "Promotion of Women's Participation in Development," request the Inter-American Development Bank (IDB) to expand and continue, respectively, the projects to other countries in the region.
4. Request the Inter-American Development Bank (IDB) to study the possibility of creating a fund to finance specific projects that improve the quality of life of rural women.

#### C. Concerning Children's Health:

1. Promote and follow-up on progress made toward achieving the goals of the World Summit for Children by the year 2000.
2. Work with Ministries of Health, the Pan American Health Organization (PAHO) and other international organizations on the campaign to eliminate measles transmission from the Americas by the year 2000 and strengthen the surveillance of preventable diseases by vaccination.
3. Request the World Health Organization (WHO) to extend the "Program on Substance Abuse and Street

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Children in the Americas" and urge the Mentor Foundation to continue funding this Program.

4. Urge mass media to dedicate prime time on a daily basis to the dissemination of health education information.

D. Concerning Children's Education:

1. Promote activities that contribute to investment in the education of girls and women of the Americas, as well as the reduction of school repetition and drop-out rates, by encouraging governmental institutions and civil society to improve the quality of primary education in schools by:
  - a. Supporting more active child-centered teaching practices, which increase and improve the availability and use of non-sexist textbooks while ensuring effective time for learning in schools.
  - b. Supporting non-formal community and family-based child development programs and enhancing the level of knowledge of parents and care givers.
  - c. Promoting, disseminating and monitoring the "child-friendly school initiative"

E. Concerning the Fourth World Conference on Women:

Promote the implementation, -- according to the national interest and the legislation of each country, -- of the commitments made at the United Nations Fourth World Conference on Women, held in Beijing,



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China, during September of this year.

F. Concerning the topic of Violence against Women:

1. Promote the ratification and/or adherence and implementation of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, adopted in Belém do Pará on June 9, 1994.
2. Promote the joint PAHO / IDB initiative which is designed to implement the regional program on violence against women: "Establishment of Community Networks".
3. Urge mass media to promote awareness and educational campaigns to prevent and combat violence.

G. Concerning the U.N. Convention on the Rights of the Child:

- 1.a. Promote the fulfillment of the agreements of the United Nations Convention on the Rights of the Child.
- b. Promote the elimination of social and family violence against children and put the topic of violence against Children on the political agenda of countries.
- c. Promote the elimination of child labor for girls and boys under 12 years old.

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# **Clinton Presidential Records**

## **Digital Records Marker**

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VIII

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**Ninth Conference of the Spouses of Heads of State and Government of the Americas  
Remarks by First Lady Hillary Rodham Clinton**

**Ottawa, Canada  
September 30, 1999**

MRS. ALINE CHRÉTIEN: And now, it is my great pleasure to introduce our next speaker, Mrs. Hillary Rodham Clinton. (Applause)

MRS. HILLARY RODHAM CLINTON: Thank you very much. I am delighted to join all of you again for this Ninth Conference of the Spouses of Heads of State and Government of the Americas.

Since we were last together, our hemisphere, particularly Central America and the Caribbean, have suffered greatly from the triple threat of the hurricanes Mitch, George and Floyd. And I know that all of us have been particularly concerned about helping our friends and neighbors in those areas that were so devastated to recover and move forward with the plans that—we know so well from the reports we have received—that they are undertaking on behalf of further progress in their countries.

I am very pleased to be back in Ottawa, a place that my husband and I have very fond memories of from our last visit here nearly five years ago.

I particularly remember ice skating with Aline on the Rideau Canal. And my piece of advice is: do not ice skate with Aline, who is a graceful, beautiful ice skater. But she does everything that way, and over the years I have come to admire and respect and have great affection for her and the way she discharges her duties. I appreciate very much the support and leadership that she has given to this endeavor and the excellent job that she has done in putting together this conference.

I also want to thank the government and people of Canada for supporting this conference, and particularly for inviting non-governmental organizations (NGOs) to this meeting. So many of us have seen firsthand the work that NGOs do in our countries and throughout our hemisphere. We have seen the patient grassroots activism; we have seen the partnerships that are created among the public, the private and the NGO sectors.

Much of the progress we are discussing today, and hoping for for tomorrow, would not have been possible were it not for those partnerships and the particular role that NGOs play. So I welcome the NGOs, and I hope that they will be a continuing presence in the conference and the meetings as we go forward.

These conferences have certainly proven their worth over the years. They have been an important meeting place to bring people together, to trade ideas, to share stories, and to resolve to work more cooperatively to meet common goals that will benefit all of the people of the Americas.

Five years ago, at the Summit of the Americas in Miami, our nations pledged to work together to meet our common challenges and to look towards the future as one hemisphere. As the leaders met, we convened a parallel conference to examine how the Summit agenda could address the challenges facing the women and children of our regions. Before we left Miami, we pledged to make the concerns of children and families a priority in our home countries and a focus for cooperation throughout the Americas.

We have continued our work at meetings in Paraguay and Bolivia, Panama, and last year in Chile. We have heard the follow-up report from Mrs. Labelle and the representatives from UNICEF, from Mrs. Wilkinson from the World Bank. And we have heard so many of the representatives and first ladies, as well, discuss what has been accomplished because of these meetings.

Today we need to renew our pledge to continue our work and cooperation. Over the past five years we have made steady progress on the goals that we set, including the three that were set in Miami. Today, because we pledged to reduce maternal mortalities, health ministries throughout the hemisphere are extending prenatal care to more women, upgrading delivery rooms, and fighting centuries-old ignorance about pregnancy.

Because we set a goal of eliminating measles by the year 2000, measles cases have fallen 76 per cent in our regions, and all across the Americas children in the most remote villages are getting their first immunization against that deadly disease.

Because we called attention to education reform, the Partnership for Educational Revitalization in the Americas was formed, and finance ministers, who once only looked at GDP numbers, are now looking at school graduation rates and searching for new ways to give all children chances to learn.

We have made a lot of progress, but with the 21st century just weeks away, I know that all of us hope to do more. Every two seconds another child is born somewhere in the Americas. Each of these precious children is a child of tremendous potential, potential that can be unlocked in the first years of life or locked away for a lifetime. How we empower these children and their parents, how we provide for their education and health care will not only shape their lives, but also shape the lives of our nations and our regions.

The theme today, "A Healthy Start: Investing in Children Ages 0 to 6," is one of the most important themes we could choose. Now there are some who might argue that other meetings where the headlines are trade or security or other matters that finance ministers and presidents and prime ministers discuss are more important. But I think if we take a look at what will really matter in the 21st century—preparing our children, investing in and educating our children, making sure they have the health care they need—will determine every other issue we could possibly discuss.

So, therefore, raising awareness about early childhood development is a critical matter. It is one that many of us have worked on for many years. For more than 25 years as an attorney

and advocate for children, I have tried to make clear that what we do for a young child today matters far more than what happens later. Because we can prevent problems and save money if we invest early instead of waiting for problems or crisis to occur.

It is such an important issue that in 1997, my husband and I held the first ever White House Conference on Early Learning and Childhood Development. We were looking for strategies that would enable our children—all of our children—to have a healthy start.

Now we were building on work that has been done in the United States before, work such as Head Start, which is a critical program that has enabled thousands and thousands of young children to enter school better prepared. We have seen similar programs throughout the hemisphere, and I know how dedicated so many of you are to ensuring that these kinds of preschool, early learning programs are available as universally as possible.

We also know that a childhood free of disease and illness is basic to a healthy start in life. Every year, 12 million children under the age of five worldwide lose their lives to infectious diseases. Here in the hemisphere, it is 565,000 young children—and these diseases are largely preventable.

Through USAID, the United States has sponsored innovative efforts to combat disease throughout the hemisphere, but what we are finding today is a new challenge. Too often, the antibiotics used to treat disease in young children have been used inappropriately, and too many children, even in the very earliest years of life, have developed resistance to the medicines that could save their lives.

So I am pleased to announce today a new \$2 million USAID grant that, with the Pan American Health Organization, will enable public health experts to determine just how antibiotics are being misused and to train doctors and pharmacists in the correct way to administer prescription drugs.

Through this grant, we hope that the medicines we have developed will be able to do the job they are supposed to do, and that is particularly important in two of the major killers of young children: diarrhea and respiratory infections.

As we look at the important challenges of health and education, I know that each one of us could, as we have already heard from our distinguished colleagues, provide many examples of what is working throughout our hemisphere.

What we have learned through these conferences is that good ideas can happen anywhere, and I have seen them everywhere in my travels. But too often, if we did not have conferences such as this, we would not know what was working in Chile or El Salvador or anywhere else in the hemisphere.

So I believe that this coming together is one of the important ways we can put our children first. We were successful in Miami, and then later at the Summit of the Americas in Santiago, in persuading our governments to pay more attention to the needs of children and

women. But I believe that that is an issue that must be addressed constantly. We have to continually remind ourselves and remind our governments that they must put children first.

So on behalf of the 100 million young children of our regions, I certainly thank all of you for being part of this ongoing effort of the first ladies here, in this hemisphere, to bring attention to our problems and honestly discuss them.

I don't know how many conferences in the hemisphere would have leading citizens, such as the women around this table, stand before an open audience and talk about everything from incest to drug abuse to child abuse to domestic violence. But it is that kind of frankness and openness that will enable us to fully understand the problems we face and then work towards solutions.

So thank you very much for continuing to build on this. And working together, I know, we can make progress on behalf of the children who need that progress so much.

Thank you very much. (Applause)

## UNCLEARED TRANSCRIPT

Address by Hillary Rodham Clinton  
October 2, 1998

Thank you. Thank you. Thank you very much. Thank you. I feel like I am sure many of you do, that we have had such a rich morning already hearing from our conference participants, and others who have inspired us, and motivated us, and educated us.

It is a great honor and privilege for me to be here in Uruguay, and to join all of you – the vital voices of the Americas. The voices of the four conference participants that we have just heard represent the extraordinary intelligence, enthusiasm and diversity of the people who have come together for this third historic Vital Voices Conference.

I want to begin by thanking our hostess, Mrs. Sanguinetti – for your warm hospitality and for that fascinating archeological education. That I will immediately go and read about.

This is my first visit to your beautiful country, and both you and the President have made me feel so much at home even in these few short days that I cannot wait to return. And I look forward to a time when I can do that in the very near future.

I also want to express my great appreciation to the Conference's co-sponsor, the Inter-American Development Bank. Now we have heard from the President, who is our great friend. Who I believe said again today how committed the bank is to all these projects. I have had the great honor of working with the bank and I've seen how hard he has worked to promote micro-credit, working against domestic violence, doing everything that the bank could do to make clear to everyone who would listen that it is not just a bank, it is an instrument of social justice, social investment and transformation of the Americas and I thank you for that Enrique.

I too want to thank Mayra for her work. She has been a powerful and effective advocate at the Bank for women.

And I want to thank Theresa for your efforts leading our U.S. government team to make "Vital Voices" an effective instrument of American foreign policy.

This is the third Vital Voices Conference. The purpose of these conferences is to give women from various parts of the world the opportunity to come together as you all have to share experiences, to build stronger networks and partnerships, to look for ways that we can introduce new and effective strategy in our common search for ways that will enable women to take their rightful places in all of our societies.

At this particular conference we brought together women leaders from all the democracies of the Western Hemisphere. Leaders in business, non-governmental organizations, trade unions, from small villages and from very large cities, mayors and cabinet officials. We

have also brought together and we have heard eloquently expressed today from our panel many who suffered under brutal dictatorships, many who lost family members to terrorism, people who have been in the forefront of the struggles to end repression, protect human rights, and restore democracy. This is a critical moment in history because so many of you have struggled so long to bring us to it. I want to begin by thanking you. You have set an example, you have served as a model, and you have given heart to literally millions of peoples throughout the Americas because you have never given up on yourselves and your future. And yet I know that with the coming of democracy, with the spread of the global economy, we face new challenges. How do we ensure that democracy and free market economies produce better lives for all people, especially the poor and the marginalized? How do we create conditions in which women are equipped with the tools of opportunity to become full participants in their societies? How do we bolster civil society and its institutions?

The countries represented here may be at different stages of political and economic development, but we are all searching for answers to basic questions such as those. And we share a common belief: we believe that a nation's progress depends on the progress of women; that the strength of democracy depends on the inclusion of women; that the vibrancy of an economy depends on the hard work of women; that the richness of civil society depends on the full participation of women; and that human rights are women's rights; and women's rights are human rights from one end of this hemisphere to the other.

I've heard reports how at this conference – in workshops, over coffee, in hallways – you've been gathering and talking with one another about how to achieve progress. You've been learning from each other. And you have been focussing on three broad areas: First how do we expand political participation for women in public life? Second how do we strengthen the rule of law? And third, how do we promote women's access to economic opportunities?

If this were only a conference where we came together and we met one another, and we heard speeches and we shared ideas, that would be a good thing, but it would not be enough. It would disappoint all of us who are here because it would not fulfill the promise that such an extraordinary gathering holds for us. What we have to think through is how we will, from this point, create those strategies and support one another within our nations and across our hemisphere to see that they are fulfilled. How will we answer the questions we have been asking ourselves? How will we reach progress in the three areas you have been focussing on? Let me take them one by one.

We have seen the fruits of the efforts that have gone into creating political opportunities for women in public life. Throughout the Americas, because we have obtained peace and stability that so many of you have fought for so long, we now have democratic governments that are open to debate, and free speech and association that were not there before. We hope we will never, ever see in our hemisphere again a young women driven

from her own country because she stood up for the human rights of her fellow citizens. We hope that we will never hear the heart-wrenching emotion that we heard in the voice from our mayor from Peru when she talked about terrorism. We must never, ever allow terrorism to have a grip in this hemisphere again.

So this hard-fought-for peace and stability, these democracies, these free-market economies, they're an enormous step forward. But they are also not enough if they do not give people the belief that they have a stake in the future and do not provide opportunities for participation.

But think about some of the women who are here amongst us. Women who have pushed open the doors of political leadership. Some of them are known, so many others are unknown, but they lifted their vital voices when others were silent. They organized their work places, often at great risk to themselves, and they have been willing to run for office and accept appointed office when still there are so many attitudes that argue against a woman doing that in public life. Their voices should inspire us. Think of just a few examples.

A senator from Brazil – the granddaughter of a slave – who worked within the Catholic church on behalf of workers – and who became her country's first black woman senator.

A mother from a small town in Peru who, when elected mayor, developed projects to protect women's rights and created training workshops for women so they could increase their family incomes without leaving their homes.

A grandmother in Argentina who refused to bend under the brutality of the generals and who kept her eyes on the plight of her nation's grandchildren.

There are thousands of examples like that. Each of us could stand and tell them. But they should serve the purpose of reminding and inspiring us, of the price that has been paid to open those doors to democracy, and how disappointed all those who sacrificed would be if now women did not assume their rightful position and walk through those doors to make contributions to their families, to their communities, and their nations.

Today, more than at any other time in history, women have the opportunity and the responsibility not only to raise our own voices but to empower others to raise theirs as well. The women gathered here, we are among the blessed. Even though many have suffered, the spirit was not broken. And you are here as testimony to resilience and determination.

But think of the thousands and thousands and thousands of women throughout the Americas for whom no one speaks. Who believe they are not worth anything. Who have been denied education and even sometimes fundamental health care. What will we do to

raise our vital voices for them? And among the many reasons why women must participate in the political process and must take the risks of putting themselves forward on behalf of issues of concern to us all, is because all of those women and their children need our voices.

There is a very important report that was completed recently by the Women's Leadership Conference of the Americas which details all of the progress and the obstacles that still face women in the Americas. This report confirms what we all know: that while many governments, organizations, and individual citizens acknowledge the importance of women's participation in both formal and informal ways, women are still blocked from realizing their own positions, from going as far as their talents would take them.

Yesterday I was privileged to meet with the Women's Political Network here in Montevideo. I want to thank all of the women who came together to educate me about what they are doing here. They were a remarkable group of women leaders. A cabinet minister, a city council member, others who hold elective office, others who were very prominent in their parties. One of them said: "We grew to realize that what unites us is far more important than what differentiates us." For the women from different parties who honestly hold different philosophical and ideological positions understand that they can cross party lines to work on behalf of issues in common. And I have heard that Paraguay is doing the same. This is one very important idea that can come out of this conference: that there must be ways for women in political life to support each other across party and ideological lines when it comes to fundamental women's rights and children's needs. And this political network can serve as an example for us all. And I would include my own country in that example.

If one reviews the progress that has been made, you can see that the once closed doors have been pried open. More and more countries require a minimum level of women's participation in local and national elections. Others have created agencies to promote women and family policies. Some programs are now seeking to increase the pool of qualified women to compete for leadership positions, and others help women exercise effective leadership once they are elected or promoted.

These changes are having an impact. By 1996 – all but two countries in Latin America had at least one woman cabinet member. In Colombia, over a third of the cabinet positions are now held by women. And while women are still vastly under-represented in legislative assemblies, there are signs of progress. In the Bahamas, women fill as many as 33 percent of the senate seats. And in Argentina, as a result of their new law, women's representation in the lower house of congress is 28 percent, the eighth highest in the world.

If those nations can assure women that level of women's participation, then we all must do better to make sure that parties are fair to women and include them in electoral lists, that governments seek out qualified women and give them opportunities to serve. Because we

will all benefit if more women assume positions of political responsibility. And I hope that one result of this conference will be very specific ways we can all participate in bringing that about.

The second challenge you have been discussing is strengthening the rule of law. Now there is, of course, general agreement in polite company that women deserve equal rights under the law. But there are still laws in the Americas that do not give women equal rights. And our first order of business should be to change those laws.

There are countries in the Americas that prohibit women from doing certain work: from working at night; from lifting heavy objects. Now I have always believed that the job should be suited to the person. And many women could not lift heavy objects, but some women could. And if they could qualify, they should be permitted to compete for those jobs, and jobs like them so they can better support their families, and we should change laws that stop them from doing so.

The larger problem though is that on paper we have equal rights under the law, but they are not enforced. There is uneven or no enforcement. Or there is enforcement only for the rich and not for the poor. So we have to do a better job of making all of our laws fairly enforced and making access to our justice system one that is not in any way prohibited to people on the basis of their background or their income. We have to do much more to absolutely institutionalize the rule of law in the Americas. With independent judiciary, with due-process being respected so that impunity will no longer exist. That the rights of all citizens will be strengthened. We know we will have achieved that goal when a poor, indigenous woman somewhere in the Americas is able to walk into a court and demand that the police stop harassing her, that people in the street stop treating her poorly, and that she be given the same rights as every other person.

And I would hope that by opening up the legal system to more women judges and women prosecutors, women will make sure that women's rights are respected and the rule of law is enshrined in all of our countries.

That is beginning to happen. Again some examples from vital voices that inspire us.

The first woman to sit on Haiti's supreme court helped draft the decree abolishing gender inequality.

The female director of the Inter-American Institute for Human Rights launched a gender equity program when she was a leading Costa Rican jurist.

There are many more examples we can point to. But we need more women lawyers, more women judges, more women prosecutors. And as a lawyer, I hope that more women will go into the law in the Americas and use the tools of the law to promote social justice

throughout our hemisphere.

I also want to say a specific word about something we have seen terrific progress in but have a long way to go and that is in domestic violence. Many of you have been leaders, both inside and outside of governments to make it clear that violence between spouses, between parents and children, in families is not a custom, it is a crime and must be treated as a crime.

More and more governments throughout the Americas are reforming their penal codes and passing anti-discrimination legislation. And we see the results. Twelve Latin American countries have adopted new laws classifying domestic violence finally as a crime, and enforcement has been stepped up, prison sentences extended. There are now special police stations for women in many countries, shelters and counseling centers and training courses for law enforcement officials and judges.

Yesterday I was privileged to meet with professionals here in Montevideo who are working both with victims and perpetrators of domestic violence. And this particular crime is so important for us to focus on because we know that if women have their spirits broken inside the family, by the violence that so many face day in and day out, how can they ever have the confidence to be citizens of a democracy, to participate fully in the life of their democracy?

The Summit of the Americas which met first in Miami and then in Santiago set a goal of full equality between men and women by the year 2002. Now I know that is an ambitious goal. But I like that goal. And I like to remind people that that goal was agreed upon by all the leaders of our hemisphere. And I believe we must accept nothing less than doing all that we can to try to reach that goal.

Our third priority, at this conference, is opening up economic opportunities for women. There are some fundamental issues that we have to address before we can even get to economic opportunities. One is education and one is health care.

Women cannot earn good income for themselves and their families, and advance to the fullest of their god-given potential if they are not educated, or if they are held back by poor, or substandard, or unavailable health care.

So we must continue to do everything we can to ensure access to education, for girls and women, and to make available quality health care throughout the hemisphere. Because talking about economic opportunities in the absence of emphasizing education and health care is an empty promise. Because we certainly know that the economy of the 21st century will be unforgiving for those who are not educated and not healthy and not able to make their own way.

Now we all know that women contribute enormously to the economic growth of their countries. Both inside and outside the home. But that work, both in the home and in the informal economy is not counted in a country's GDP. I believe it is time for economists and bankers to start figuring out ways to count women's economic contributions in their nations' GDP and overall world economies.

I remember talking to an economist during one of my visits to Africa. He said "well women have no real economic role to play in the African economies that are emerging". And I said, "well you know I have only spent a few days in Africa but every where I looked I saw women working: I saw women in the fields, I saw women carrying water; I saw women in the markets; I saw women building their own houses. Now tell me what exactly is it that they are doing if not contributing to the economic well-being of their country?"

We also have to face up to continuing wage discrimination against women. Women in Latin America receive salaries well below those of men. And women who work in the informal sector, as many do, have no benefits and no security. Working women have never held the rights and opportunities and benefits that men have traditionally have held. So we have to attack those inequities as well.

We need to celebrate the contributions that women have made. And I especially appreciate the comments about how women have been the ones who have managed poverty and have day in and day out, and year after year kept families going with very little in the way of meager resources. So let us celebrate what is really very good budgeting and extremely good economic planning if we stop to think about it, and let's look for ways to bring more opportunities and greater income into the lives of these women who have already proven that they know how to stretch a peso as far as possible.

We also need to look at ways of getting more capital and credit into women's hands. And I want to thank everyone who has supported micro-credit because it is truly transforming lives and societies. Micro-enterprise loans are expanding the support from international and bilateral donors and non-governmental organizations. USAID and IDB programs are already reaching well over one million women in this hemisphere.

I would once again issue a plea to commercial banks, and other potential funders, to look at the success of micro-credit as a tool for creating market activity at the grassroots level, giving more people within a society a stake in the free market. And I would ask, as I did in Belfast, that commercial banks look for ways to partner with the IDB or non-governmental organizations to put some funds into micro-credit so that we could expand their reach. I'm always amazed when I read in the newspaper about some very bad loan that a commercial bank has made and they write it off when we know that loans to poor women are repaid at a rate of between 95 and 99 percent throughout the world.

I have talked with such women from one end of our hemisphere to another, including in

my own country where we are using micro-credit to try and help develop economic opportunity for women, particularly women who were formerly on welfare.

Think of these vital voices:

A rural woman in El Salvador who overcame low expectations – of herself and others – to turn her roadside tortilla stand into a profitable business with the help of a \$46 loan. And who, because of that increased economic activity that she was able to generate, all of a sudden had the respect of everyone in her village. And she and her small village group of people who were borrowing and supporting each other understood that they had a real stake in their future. She was selected president of her village bank group. And she said something that all of us would agree with, and that is “courage is half of life.” Well for her, having the courage to do what she did was half of life, but having the credit to put that courage into action was the other half. And that is the kind of partnership we need more of.

A woman organizer at a banana plantation who has stood up to death threats to lead and inspire her co-workers. They have been locked out of their jobs because their company won't recognize their union.

Workers' rights are an important part of the global economy.

We have such great opportunities ahead of us if we are able to take the extraordinary benefits of the global economy and ensure that they are spread fairly to everyone. We cannot permit greater inequity in income to be part of the new global economy. And workers' rights are part of that. Regular and equal pay, medical examinations, training programs, benefits, all of that should be on the front burner for women and men who understand how important it is that workers be given the opportunity to share in the fruits of their labor.

Now where does this leave us as we are looking at this conference and all that you have discussed and heard? Well I hope that we are building on the progress so many of you have begun. And I hope we are producing real partnerships that will strengthen democracies and improve lives of women throughout the Americas.

Today I am pleased to make several announcements. First, the United States Government through USAID will commit \$50 million to support the common goals of this conference and the Summit of the Americas, to strengthen human rights, justice, and democracy particularly on behalf of women.

USAID is also increasing its loans to micro-enterprises across the Americas to \$120 million over the next three years, over two-thirds of those loans committed to going to women.

The United States Small Business Administration, whose Director, Aida Alvarez is with us

today, and I am very pleased that Ms. Alvarez could be here for this announcement. It has done a great deal in our country to promote micro-enterprise and has created an "on-line women's business center" offering training and support and research for women to start and expand their businesses. Today the Small Business Administration is unveiling the Spanish version of this website so that millions of women, throughout the hemisphere and literally around the world, can also access this information.

After this meeting you can go into the conference room, right outside here and into one of the hallways, and you can log right on to this new SBA service. And be sure and tell us how well it works, because it is our very first time to try it out.

Because of this conference the Discovery Channel, the Foreign Ministry of Argentina and the Global Foundation in Buenos Aires have come together to make sure that these voices are heard well beyond this conference. They will do this through a series of Vital Voices Public Service Announcements on issues raised here at the conference. Tomorrow each of you will have the chance to help shape those messages that will be broadcast throughout the hemisphere. So think please about the most effective way to reach women and men with the messages of the Vital Voices Conference.

Another important partnership that is taking place is that IBM Uruguay will produce computer and Internet training sessions for women in media and a political training workshop experience sponsored by USAID, the Partners of the Americas, the League of Women Voters, and USIA Women's Campaign International. This is one way that you can really test and improve your own skills and learn from one each other about how you can take messages from this conference back home.

The United States Government stands ready to continue to work with all of you. To make sure that this critical effort started here at this conference, and building on so much work that has gone before, will continue well into the future and will have the results that we all hope for.

As I travel around the world, I am very grateful for the opportunity that I have to meet with women and to listen to them. Their dreams, their aspirations, their hopes, their concerns. And I am always amazed, impressed and humbled by the extraordinary human spirit and hopefulness that I find whether I am in a very poor village in Bangladesh or Uganda, or in a very small business in Nicaragua, or Santiago, I'm always with women who inspire me. And these are the women from throughout this hemisphere who we must do all that we can to ensure that their voices are heard, heard in city halls and board rooms, and trade union offices, and political parties, in academia, in families.

If we carry forth from this conference the extraordinary example and words that we heard from our four panelists, and we take our energy and work together to make sure that these voices are heard, I think we have a great opportunity ahead of us.

I ran across a quote from an early Uruguayan woman leader, Dr. Paulina Luisi who said "We shall not reach the radiant mount toward which our eyes are fixed today. But on the ground we are breaking, our daughters will march to victory."

As the mother of a daughter, I hope with all my heart, that we will break that ground, and the youngest among us will see results, that we will make it possible in the next century for women and men to feel as they should. fully empowered, full of hope and confident, because there are no longer any of those divisions that separate us from one another, but instead a commitment creating a future that brings out the best in all of us.

Thank you very much.



## Speech given by the Honorable Mrs. Hillary Clinton, First Lady of the United States

I am honored to be part of this Seventh Conference and to share with you the third year of these important meetings. I would like to thank the government and Republic of Panama, and especially our host, for organizing this Conference and welcoming us with the hospitality we have come to associate with their country.

The United States and Panama enjoy a rich and long-lasting friendship which will be stronger in the new millennium, along with our partnership of a century with the Canal which is experiencing a time of historic transition; we shall always be united by the mutual respect and commitment we share in ensuring the benefits of democracy for all our people.

I think it is appropriate to have met in Panama for our annual Conference. Panama really is the crossroads, the bridge of the Americas, it is a nation which literally joins our hemisphere, the diversity of this country, ecologically, culturally, ethnically, it is a microcosm of all the Americas. We have arrived here from the other side of the hemisphere hoping to build a better world for all women, children and families, in numerous ways.

### Difficult and Complex Task

Our task is much more difficult and complex than the task of those who built the Canal a century ago. Instead of mountains, we seek to move hearts, change old attitudes, eradicate hunger and disease, educate all our children and most importantly, give women the power throughout our hemisphere to participate in the lives of our nations.

### Propitious Time

We are reaching for our goals at a time in history which is full of hope, at a time which is propitious for social change of a more positive kind.

Along the road of freely-elected democracies, today for the first time, there are millions of people who are

*We are reaching for our at a time in history which is full of hope, at a time which is propitious for social change of a more positive kind.*

enjoying the right to shape their own leaders, as well as forming their own opinions based on information obtained from a free press, from open talks in support or opposition of a cause.

Today we know that for every democracy, whether recently created or whether thousands of years old, the process of building and caring for a democracy can only take root when its principles are forever set in the hearts of all people. Democracy can only move forward when no one is afraid of the consequences of stopping or talking in the name of justice, and democracy can only achieve its greatest potential when women are not prohibited by law, ignorance, by tradition or custom or intimidation, from making their voices heard at the moment of voting for and achieving their most cherished dreams.

### Power for Women

Because of this, I believe that the part of the Conference which is called Rights and Participation is so important in granting more women the power to seek out and claim their rights as citizens and human beings. It is the only way in which our democracies, old or new, will survive and struggle and move into the twenty-first century.

I have been told that the word "empowerment" does not translate well, however I am sure that each woman in this room knows its meaning very well. It means the right to participate in the political lives of our countries. "Empowerment" means the capacity to lead a life free of sexual and domestic violence. In addition, it means access to justice in accordance with the law, to education and health, to credit and property. In short, giving women power means giving them the same treatment as complete citizens in every country.

### Domestic Violence

No nation can hope to be successful in our global economy if half their population is not given the opportunity to make use of the potential given to them by God, as we can see in many countries, where many rights have been denied women and many positions of opportunity remain closed.

Many women live in fear of violence at the hands of a



member of the family. For them, their homes do not provide a refuge, the law does not offer protection and public opinion does not offer any sympathy.

Domestic and sexual violence against women remains as one of the most serious forms of unreported violation in our region. All of us must work to offer renewed protection against this violation of human rights which is domestic violence.

#### **Criminal Violence**

As the Secretary of State in my country, our first female Minister of Foreign Affairs has said, violence cannot be classified as cultural, it is criminal. Many women, especially those who are poor and less educated, are not aware of their legal rights in the workplace, their right to their own property and their right to choose their own lives. Regardless of whether these laws exist on the books, many women and children are trapped in a cycle of endless poverty and do not have access to family planning and have received a limited education, but please, let us not forget what we already know about many solutions to these problems. We already know what is being worked on to improve our lives.

Next week I will be privileged to travel to Venezuela, Brazil and Argentina with my husband. I will be visiting micro-credit, family planning and educational programs, which, I and many of you, have worked to support here in this Hemisphere as well as around the world.

Successes have been registered in granting women the power to bring up their children, to remove their families from poverty.

#### **Priorities**

There is also encouraging news to report on the three priorities which were established following our Miami meeting of the Summit of the Americas in 1994, the elimination of measles in the Americas by the year 2000, and the reduction of maternal morbidity and educational reform, all of which we have heard about this morning.

Last year not one case of measles was reported in the 27 countries of the Americas, meanwhile we could have suffered a setback with an outbreak of this disease in Brazil, as well as in my own country.

We must maintain the same speed in reaching the goal to finally achieve it and to be able to say it has been achieved.

#### **Contribution**

All the countries in the Hemisphere have united with the PAHO to improve pre-natal and obstetrics care and many women in this room have greatly contributed to this effort.

We have brought institutions and individuals together through the Association for the Program on Rehabilitation of Education in America to push primary education. In Honduras, El Salvador and many other countries, many children are graduating from primary school and we have helped to place educational reform and revitalization at the top of the list of the agendas of our countries.

#### **Rights of Women**

However, the subject we are focused on this morning, the promotion and expansion of the legal and political rights of women, represents possibly the most difficult challenge we slowly, but surely face. We are witnesses of legal reform which is raising the status of women in the home and in society.

#### **Law against Domestic Violence**

In Costa Rica, women have pushed for the approval of a law against domestic violence. Many countries now have a human rights Ombudsman dedicated to the protection of the rights of women.

In El Salvador, legislators have updated the laws against rape, forcing perpetrators to face justice. Also, laws have been approved which force politicians to prove they have paid child support before being able to run for public office.

Here in Panama, legislators have reformed the Family Code to improve the regulation of matters such as child support and child custody.

In Latin America, we see many new laws which allow women to be elected to public posts, and in my own country we have introduced programs on violence against women which involve training police and the prosecution of delinquents throughout the 50 states.

These are a few of the ideas we have to share with you so women in our hemisphere may experience the same improvements in their lives.



### Beneficial Political Changes

None of these advances would have taken place if women had not spoken and demanded changes, and obliged governments to respond to their needs. We must push women forward so their voices may be heard, so they may join in with organizations in striving for political changes which will benefit all women.

Albright and I visited the Inter-American Institute of Human Rights in Costa Rica. The Organization was set up to defend and promote respect for human rights where many regimes control the lives of many people of the Americas. Throughout the last decade, it has guided these countries on the long and difficult path towards democracy, to free societies through very critical transitional elections.

At present, the new mission of the Institute is to help new constitutional governments to understand and live for the principles of democracy, to create a new culture of human rights in the Americas. The Secretary of State and I met with official activists who told us that even though governments had changed, the tasks of safeguarding and deepening respect for human rights remained as challenging as ever.

A few years ago, the Institute began a gender and human rights program, designed to educate women in their rights and to promote the principle that women's rights are in fact human rights, and human rights are women's rights. Further on, there will be an announcement of a donation of 4.8 million dollars to aid the human rights of women.

### Continuing the Struggle

Our work as individuals and as First Ladies is not over yet, we must continue to fight for democracy and to encourage women to take responsibility as citizens, to take it seriously so they can vote in local and national elections, as well as elect more women to public office.

Only women like ourselves can make democracy work for us and our families. It is a message which is taking shape in all countries around the world.

Last year, at a conference in Vienna I had the privilege of meeting with a group of women from the new democratic countries of the former Soviet Union.

They had recently recognized the power of action of independent citizens to direct changes as diverse as the traffic of women for prostitution, and they had met to share ideas and to renew and strengthen their faith in democratic values and freedom.

This type of agreement of many women could be very beneficial for our hemisphere as well, by drawing many working women to the forefront of the various changes which we advocate. In the measure in which our countries continue to expand their strategic and political alliances, women in this hemisphere can shape the path by building an alliance of democratic values which will strengthen our democracy for the next millennium.

We must work actively to empower all women to take their places in society, in government and all institutions of society, to take advantage of their talents, to begin new businesses, to pay off their loans and to vote to elect presidents, to have their voices heard, and we must not rest until we have abolished laws and the cobwebs of tradition, until we have brought down the forces of intimidation which threaten the potential of women and children, and which nations maintain to prevent them from being democratic and free.

Last year I took part in a radio call-in program of the Voice of the Americas. One listener called from the other side of the world to ask *what I had meant to say in Beijing about the rights of women being human rights and human rights being the rights of women*. I asked the person who called in to close his eyes and think of all the rights and privileges he enjoys as a man, and then I told him to imagine a world where all women enjoyed those same rights and privileges. I know if we continue working, work which all of you have begun and which we have carried out jointly, that we can move our hemisphere toward making these principles a reality in this world so that in the future, a question like that will never be asked again.

As delivered

FIRST LADY HILLARY RODHAM CLINTON  
REMARKS TO THE SIXTH CONFERENCE OF  
WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS  
LA PAZ, BOLIVIA  
DECEMBER 3, 1996

President and Mrs. Sanchez de Lozada, First Ladies and special envoys representing the nations of the Western Hemisphere, and distinguished guests:

It is a great pleasure for me to be in La Paz and to join you for this annual conference. I particularly want to thank Mrs. Sanchez de Lozada for her leadership on behalf of women -- especially her work to promote safe motherhood, education, and to reduce domestic violence -- and for extending to all of us a warm welcome this week.

I know that, as in the past, this gathering will provide new insights and fresh inspiration as we work to expand opportunities for women, children, and families in North, Central, South America and the Caribbean region. I am also pleased to note that Vice President Gore will be in Santa Cruz in a few days representing the United States government at what promises to be a significant hemispheric meeting on sustainable development.

This is my first trip to Bolivia, but I have long felt a special connection to this country. Little Rock, the capital of my home state of Arkansas, is a sister city of Santa Cruz in what is called the Eastern Bolivia-Arkansas partnership. This partnership has initiated cultural, professional and health exchanges that have benefitted the people in both of our countries. So I am especially delighted finally to be in Bolivia after all these years.

Many Bolivians have made their mark on my country. I am proud to say that President Clinton named a woman who was born and raised here in La Paz, Maria Otero, to be the Chair of the

Board of the Inter-American Foundation. That foundation funds grassroots development in the region, and Maria is with me today.

I'm also pleased to be here at a time of such hope and promise for women, children and families across the Americas and around the world. A few days ago, I returned from a trip with my husband to Australia, the Philippines and Thailand, and at each stop I had the chance to talk to diverse groups of women -- from government leaders to grassroots activists to teenage school girls. And I was reminded once again, no matter where we find ourselves in the world today, our aspirations and concerns are fundamentally the same.

Thanks in part to the agenda set at the United Nations Fourth World Conference on Women in Beijing, as well as the conferences of this group in Miami, and Asuncion and elsewhere, the status of women is improving in many countries.

In the Philippines last week, I had the opportunity along with Mrs. Frei to speak to 15,000 women and girls in Manila. Some had traveled for days by boat and car to celebrate the Beijing Agenda and just as we are doing today, they came together to renew their commitment to women's rights -- and to ensure that every woman and girl has access to the tools of opportunity: health care, education, jobs and credit, legal protections and the right to participate fully in the political life of their countries.

In the 15 months since Beijing, we have seen advances on every continent. In country after country, governments, non-governmental organizations, businesses and corporations, and individual citizens are beginning to recognize that elevating the status of women and girls in society is essential to progress and prosperity. That is the same whether we are talking about the East, the West, the North or the South; there is a growing appreciation of women's contributions inside and outside of the home - and a greater understanding that everyone in society benefits when women are allowed to claim the political, economic, social, and civic power they are due.

The Western Hemisphere is no exception. In Panama, the family code has been reformed, giving women more say in alimony, child support and child custody cases. The country's new Law 27

on Intra-Family Violence criminalizes certain forms of domestic violence. In Colombia, men and women now have equal weight in determining divorce. In El Salvador and Peru, new institutions have been established to address issues relating to women's development. In Guatemala, a national university has created scholarships for indigenous women to study political science.

Jamaica's Gold Street Program, which addresses teen violence and adolescent pregnancy, has become a model that the United States is using to confront the same issues in the city of Baltimore. In Brazil, women are now entitled to free breast and uterine exams. And in Chile, the government has committed itself to tackling AIDS and adolescent pregnancies and to expanding educational opportunities for girls. And here in Bolivia, as part of the President's plans, the *Plan de Todos*, special efforts are being made to reach out to the indigenous population.

From the northernmost reaches of Canada to the southern tip of South America, women are pushing governments to lift the veil of secrecy that for too long has concealed the tragic crime of domestic violence. I mentioned the legal advances in Panama. Another ground-breaking domestic violence law was passed in Ecuador, creating Family Courts that are empowered to separate an abusive spouse from the home. In Costa Rica, police officers receive special training on how to handle domestic violence cases. In my own country we recently launched a national hotline for victims of domestic violence which has already received 50,000 calls.

Looking across our region, we also see progress on the goals that this group outlined at our previous meetings. Those goals to eliminate measles from the hemisphere, reduce maternal mortality, and promote education reform are making progress. Since 1995, our region has witnessed a 63 percent decline in measles. We have seen the Partnership for the Revitalization of Education in the Americas launch new efforts to expand educational opportunities in six countries. And while the tragic problem of maternal mortality continues to haunt us, we know that progress will come if we focus more energy and resources on this issue.

It is clear that pioneering efforts are underway across the Americas to improve conditions for women and girls. Earlier

today in La Paz, I visited with Ximena, Banco Sol, the only commercial bank in the world and the largest that specializes in microenterprise right here. I spoke to women whose lives had been transformed because they had received a modest loan to start selling vegetables in the market, to start making skirts. Not only had they become economically self-sufficient, they had begun to lift their families out of poverty and improve the economies of their communities. We met one woman in the market who is caring for her six orphan grandchildren because of the loans that she had received. I have seen the same encouraging results at FINCA, a micro-lending enterprise that I visited in Managua, Nicaragua. I've visited a comparable enterprise in Santiago and I have seen it in my own country.

In La Paz today I also visited new and expectant mothers at a primary health care center run by an NGO, PROSALUD. The 28 PROSALUD clinics offer prenatal care and family planning services that have resulted in safer pregnancies and deliveries and, in some cases, have saved lives.

This is but one piece of the nationwide effort here in Bolivia to promote safe motherhood and family planning so that women and girls are educated about their own health and their own reproductive options.

Although the rate is far too high, Bolivia's success over the past five years at reducing maternal mortality offers a model for the world of how one nation has responded to a serious health crisis and galvanized the government, non-governmental organizations, and the medical communities. I wish to commend the President and the Vice President for their leadership in this very important effort.

It is worth noting that Bolivia undertook this campaign not only as a way to reduce maternal mortality, but also to reduce the increasing rate of abortion. Without access to family planning, women often turn in desperation to illegal, unsafe abortion procedures that account for half of all maternal deaths in this country. Deaths from abortion complications are responsible for from 30 to 70 percent of maternal mortality in our hemisphere, depending on the country.

Here, in Brazil, and in other places around the globe, I have seen examples of how investments in family planning improve maternal health and the well-being of families as well as reduce the number of abortions. The United States has supported family planning efforts, including Bolivia's. However, as you may know, some members of the United States Congress have voted to limit American support for family planning initiatives. My husband's Administration remains committed to encouraging a continuation of these investments, which represent a sensible, cost-effective and long-range strategy for improving women's health and for lowering the rate of abortion. And for my part, I will certainly remember and share the powerful stories I have heard around the world to explain why these programs are critical.

Education is also critical. It is inextricably tied to how women and children achieve progress. Children of illiterate mothers are twice as likely to die as those with mothers who are educated. So our efforts across the Western Hemisphere to educate girls and mothers will have a profound and concrete effect on women's health. The better educated a girl or woman is, the healthier she is. The healthier she is, the healthier her family is. And all of society stands to gain.

While some may dismiss the achievements of this conference and the conferences before or of the Beijing Agenda as merely "women's issues" that have no place on the front-burner of global politics, I believe that you here in Bolivia, and certainly your President and Vice President understand how they are part of sustainable development and progress. They represent a balancing of power that is just as crucial to the endurance of democracy as issues like trade, diplomacy and national security. Democracy, after all, requires the full participation of all citizens, including women.

And today, we can take heart knowing that democracy has replaced dictatorship around the world and virtually throughout our own hemisphere. Building and sustaining democracy has always required a balance of power, a balance of public power, private economic power, and the power of civic society, those formal and informal networks that bring people together. It is the balance of power that Bolivia has incorporated into its Popular Participation Law, and by doing so, insured the further success of democracy. Whether we succeed at achieving the balance of

power is particularly important for women who despite the strides we have made, still find their voices silenced and their potential stymied in too many parts of the world. In country after country -- from the most advanced democracies to those newly emerging, from the most dynamic free market economies to those struggling in the face of rapid global change -- women are still striving to define and attain their rightful place in government, the economy, the civil society and throughout their lives.

Women are seeking balance in their lives and in their societies, and I am heartened that civic education is on the agenda of this conference. Teaching people about democratic values and the importance of their participation in the political process is critical to sustaining democracy. When we look at what is happening in our hemisphere, when I look at what is happening in my own country, I see that the voices and votes of women can make a difference. If all of us believe in the God-given potential of each human being, then all of us should do what we can in our own ways and our own roles to further those voices and that potential.

For all of the challenges that confront us on the eve of this new century I am optimistic about our future. I am optimistic about our hemisphere and about our capacity to meet those challenges. And certainly, if there is one vision that should guide us, it is that of the young people who rely on us to leave them a world that encourages their dreams, nurtures their talents and respects their choices. That is really why we are gathered today -- most of us in this auditorium have made most of the choices we will make that will determine the course of our lives. It is up to us to determine how we provide the same opportunities for all of our sons and daughters.

Building a better future for children, women, men, and families in the Western Hemisphere is not just the opportunity of government, it is the responsibility of all of us. And I thank you very much for being part of meeting that responsibility and challenge.

**FIRST LADY HILLARY RODHAM CLINTON  
REMARKS TO THE FIFTH CONFERENCE OF  
WIVES OF HEADS OF STATE AND OF GOVERNMENTS OF THE AMERICAS  
ASUNCION, PARAGUAY  
OCTOBER 16, 1995**

I am privileged to have the opportunity to represent my country, the United States, for the first time at this Fifth Conference of First Ladies from the Western Hemisphere. It is also a great honor for me to be here in Paraguay with all of you.

We have gathered together to discuss the futures of women and children in all of our countries. Whether we live in North, Central, or South America or the Caribbean region, we are united in our belief that women everywhere share common aspirations and concerns.

Yet, as we meet here in this beautiful hall this evening, we also know that a vast reservoir of human potential is now being wasted across the Americas.

No nation in our hemisphere can say that all of its children are fed, clothed, housed, schooled, and raised by loving parents. No nation in our hemisphere can say that all of its women are treated with dignity, respect, and given the chance to fulfill their God-given potentials. And no nation can say that each and every family within its borders is healthy, strong, and stable.

Our world, as we know, is far from perfect. But even though enormous challenges remain, we have come here hopeful about our future. Hopeful because, somewhere in our hemisphere right now, a baby in a local health clinic is being immunized against a serious disease. . . a little girl is going to school and is learning to read and write . . . a woman is taking out a small loan from a neighborhood bank that will enable her to start her own business in her home. We know that every problem we face in our hemisphere is being solved somewhere in our region at this very moment.

We are also hopeful because of the progress made at last year's Summit of the Americas in Miami, at the United Nations Conference on Social Development in Copenhagen earlier this year, and more recently at the United Nations Fourth World Conference on Women in Beijing. I think it is very fitting that we meet after those three historic gatherings, which drew world attention to the plight of women and children and, in so doing, to the plight of families as well.

Since Miami, we have seen cooperation grow among our nations, and our political leaders. The Summit not only recognized every nation's duty to invest in its people, but also the special role that girls and women play in the economic and social development of the Western Hemisphere.

That theme was reiterated again in Copenhagen, which focused on the alleviation of poverty as an essential factor in political, social and economic progress.

Many of us also attended last month's women's conference in Beijing, where it was again made clear that democracy and prosperity cannot be attained or sustained in countries that do not value women as full and equal partners in society.

The conferences in Miami, Copenhagen and Beijing showed the world that issues involving children and women are not secondary issues. They are keys to building democratic institutions, strengthening market economies, and achieving social justice.

They are also among the hardest issues we face.

That is why the agreement reached in Miami last year was an historic first for countries of this hemisphere. For the first time, there was universal recognition that no nation can compete in the global economy if half its population cannot read or write, cannot find a job, or cannot rise out of poverty.

And that is why it is also heartening that, despite assurances from skeptics that nothing would be accomplished in Beijing, more than 180 nations endorsed a platform for action that lays out specific ways to expand the rights and opportunities of women around the world.

This is particularly critical today, given the growing gap between the rich and the poor, the educated and the uneducated, the skilled and the unskilled.

Those among us who enjoy the opportunities of education, health care, jobs, credit, legal and political rights are flourishing in the new global economy. Those without such opportunities are lagging farther and farther behind. And more often than not, those lagging behind are women and poor children.

This trend, if it continues, threatens to undermine the very institutions we are seeking to uphold: strong families, strong economies, and strong democracies. All will be in jeopardy if women continue to be denied the opportunities they need to thrive and compete in the new century.

So, what must change?

First, values and attitudes.

In our everyday lives, we must begin to respect the dignity of each person, no matter where that person lives or what he or she looks like. To do that, we must be willing to overcome many assumptions, presumptions, prejudices and prejudgments.

Because, to truly respect a child means to respect every child in every family, boy or girl. To respect a child means to give that child the love, attention, and discipline he or she needs to grow up with confidence and competence. To respect a child means to nurture that child with the health care and schooling that he or she needs to get the right start in life.

Every time we dismiss the potential of a child because of skin color, parental income, or family background, we betray our own futures.

We must also appreciate the contributions of every woman, instead of pigeon-holing and categorizing women in ways that limit their potential. To truly respect a woman means to respect and protect her human rights; it means to respect the choices she makes for herself and her family; and it means to value the experience she brings to all facets of life.

Second, institutions must change, and so must the ways we go about our everyday business.

If programs and policies have outlived their usefulness, we should admit that they no longer solve the problems they were meant to solve. We must fix programs that don't work with reforms that are efficient and inexpensive. And we must insist that institutions -- whether government, schools, or health care systems -- overcome bureaucratic intransigence and put people first.

We must also take advantage of the many innovative programs that do exist throughout our hemisphere. Prior to arriving in Paraguay today, I was in Brasilia, where President and Mrs. Cardoso told me about Brazil's efforts to improve the quality of primary education.

I then traveled on to Salvador da Bahia, where an extraordinary effort is underway to channel the potential and energy of thousands of street children. One program I saw was a circus in which the performers were children, some as young as eight, who had been recruited off the streets where they lived.

They were not being trained for circus jobs; their performances were merely a vehicle for learning the value of discipline, teamwork, and hard work. Along the way, these children develop confidence, self-esteem, and pride in their accomplishments. Part of a program called Project Axe, they also receive schooling and vocational training, as well as counseling to reunite them with their families.

I asked one 15-year-old boy, who had been with the project since it began five years ago, whether it had made a difference in his life. If not for the project, he said, "I would be dead or in prison now."

Programs like this one, which receive support from the public and private sectors and some international organizations, can be replicated widely. But that requires us to share information,

exchange ideas, discuss honestly our successes and failures, and learn as much as we can from each other.

Government has a vital role in all of this. But government is only effective if it listens to the voices of the people it serves, instead of making decisions based on political convenience or whim. And government must be held accountable for meeting human needs.

At the same time, government cannot address every problem alone. We must not look on government as a panacea, but as an able partner of business, non-governmental organizations, and other private institutions committed to investing in the promise of every person, including those who are poor, disadvantaged, and politically powerless. And one of the best things government can do is to make it easier for outside groups, non-governmental groups, to do the work they are willing to do.

Finally, as societies, we must be willing to move beyond inertia to action. And all of us -- individuals and institutions -- must heed that call to action. We must start by taking responsibility within our own families and then spreading that responsibility to the communities in which we live.

Every segment of society has a stake in this issue. And every segment of society can affect positive change.

Schools, for example, can be more flexible in responding to the needs of their students, young and old.

A few days ago, in Santiago, Mrs. Frei took me to a school that embodies the Chilean commitment to building an educational system for the future. I saw boys and girls busy working on computers hooked up to the Internet.

I learned from the Minister of Education that schools may begin to keep their doors open on Saturdays and Sundays to accommodate the children of working parents who have no alternatives for child care, and for children who wish to acquire new skills for themselves.

I saw that Chile has not been content to stick with old methods that do not work. The government and people of that country are devising new ways of training teachers, involving parents and communities. All of this is happening now in many countries throughout the Americas and more can happen if we are willing to learn from each other's experiences.

Heeding the call to action also means that financial institutions must serve all people, even if they are poor, live in remote areas, or are women. How much more evidence do we need that women are a good credit risk? I have seen the proof myself at the Grameen Bank in Bangladesh, where the poorest of the poor in the world have transformed entire villages by taking out small loans for cows, rickshaws, and other items they use to earn an income.

I have even seen it in my own country, where poor women at a project called Mi Casa, in Denver, Colorado, have banded together to take out small loans to help themselves. And they told me very, very directly how difficult it is for women even in the United States to have access to credit. One woman said: "Too many great ideas die in the parking lots of banks."

But all over this hemisphere, women are overcoming these obstacles. In Nicaragua, which I visited at the beginning of my trip, I saw how hard President Chamorro has worked to strengthen democratic institutions and promote a market economy. And I met thirty women from a very poor barrio in Managua who run a bank in their neighborhood, borrowing small sums of money to start their own businesses, to start a bakery, to make mosquito netting, to be a seamstress.

Not only had these women organized themselves to improve their own circumstances, they were also improving the circumstances of their families and communities.

Furthermore, they have, like every bank I have ever visited, a high loan repayment rate. In that particular neighborhood bank, the repayment rate was 100 percent. And from what I know about banking, that would be the envy of many commercial lenders.

Individual men and women need to change attitudes and then act, just as every branch of society.

Businesses can initiate policies, such as flexible work schedules, child care, and the use of modern technology, that enable employees to perform well on the job and continue to fulfill their family obligations. Businesses also can value women by paying women equal salaries for equal work with their men employees.

The media can assume greater responsibility for the values it transmits by avoiding negative advertising and television programming that sensationalizes violence and glorifies the exploitation and degradation of women and children.

At this conference, we will examine these issues, and we will focus specifically on what can be done to address the pressing health and education of women and children.

We will discuss initiatives to ensure the elimination of diseases that primarily affect women and children, reduce maternal mortality and provide comprehensive health care to women throughout their lifetimes, including family planning. We will talk about what every nation must do to ensure that girls are guaranteed the right to an education and that all citizens acquire the knowledge and skills they will all need in the new global economy.

And we will explore ways to end the problem of domestic violence, which has destroyed the lives of too many women and their families in every country represented here.

I would like to make one final point about our agenda. Because we are talking about the

issues that matter most in the lives of women and children does not mean we are not talking about the lives of men and boys.

When I was in Nicaragua, I noticed billboards along the side of the road. They showed the face of a crying child with the caption: "My father has left the home." The problem of the absent father is as tragic as the problem of the undervalued mother and wife. It is a problem that, in the United States, we are urgently trying to address.

If, as a hemisphere, we truly care about strong families, strong communities, and strong societies, we have to recognize that men and women can and must complement each other inside and outside of the home. We should not be at opposite poles; we should be partners in a common enterprise for the good of all of us, and particularly our children.

Because of the roles that the women here and many of you in this hall have, we know we can help initiate the changes that must take place if we ever want to realize the great potential of this hemisphere.

Like the women I have met all over this hemisphere in Canada, in my country, in Mexico, in Nicaragua, in Chile, in Brazil and here in Paraguay, we come together to pool our experiences and ideas to improve conditions for our individual families as well as our national family and the family of nations.

I was not present at the earlier conferences, but I want to thank and applaud all of the women who took part in those conferences and who have moved this agenda forward. I was privileged to host our meeting in Miami and I look forward to the work ahead of us. It is the most exciting and challenging work any of us can imagine or be engaged in. And it is work in which we can make a difference.

Thank you very much.

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**Ninth Conference of the Spouses of Heads of State and Government of the Americas  
Remarks by First Lady Hillary Rodham Clinton**

**Ottawa, Canada  
September 30, 1999**

MRS. ALINE CHRÉTIEN: And now, it is my great pleasure to introduce our next speaker, Mrs. Hillary Rodham Clinton. (Applause)

MRS. HILLARY RODHAM CLINTON: Thank you very much. I am delighted to join all of you again for this Ninth Conference of the Spouses of Heads of State and Government of the Americas.

Since we were last together, our hemisphere, particularly Central America and the Caribbean, have suffered greatly from the triple threat of the hurricanes Mitch, George and Floyd. And I know that all of us have been particularly concerned about helping our friends and neighbors in those areas that were so devastated to recover and move forward with the plans that—we know so well from the reports we have received—that they are undertaking on behalf of further progress in their countries.

I am very pleased to be back in Ottawa, a place that my husband and I have very fond memories of from our last visit here nearly five years ago.

I particularly remember ice skating with Aline on the Rideau Canal. And my piece of advice is: do not ice skate with Aline, who is a graceful, beautiful ice skater. But she does everything that way, and over the years I have come to admire and respect and have great affection for her and the way she discharges her duties. I appreciate very much the support and leadership that she has given to this endeavor and the excellent job that she has done in putting together this conference.

I also want to thank the government and people of Canada for supporting this conference, and particularly for inviting non-governmental organizations (NGOs) to this meeting. So many of us have seen firsthand the work that NGOs do in our countries and throughout our hemisphere. We have seen the patient grassroots activism; we have seen the partnerships that are created among the public, the private and the NGO sectors.

Much of the progress we are discussing today, and hoping for for tomorrow, would not have been possible were it not for those partnerships and the particular role that NGOs play. So I welcome the NGOs, and I hope that they will be a continuing presence in the conference and the meetings as we go forward.

These conferences have certainly proven their worth over the years. They have been an important meeting place to bring people together, to trade ideas, to share stories, and to resolve to work more cooperatively to meet common goals that will benefit all of the people of the Americas.

Five years ago, at the Summit of the Americas in Miami, our nations pledged to work together to meet our common challenges and to look towards the future as one hemisphere. As the leaders met, we convened a parallel conference to examine how the Summit agenda could address the challenges facing the women and children of our regions. Before we left Miami, we pledged to make the concerns of children and families a priority in our home countries and a focus for cooperation throughout the Americas.

We have continued our work at meetings in Paraguay and Bolivia, Panama, and last year in Chile. We have heard the follow-up report from Mrs. Labelle and the representatives from UNICEF, from Mrs. Wilkinson from the World Bank. And we have heard so many of the representatives and first ladies, as well, discuss what has been accomplished because of these meetings.

Today we need to renew our pledge to continue our work and cooperation. Over the past five years we have made steady progress on the goals that we set, including the three that were set in Miami. Today, because we pledged to reduce maternal mortalities, health ministries throughout the hemisphere are extending prenatal care to more women, upgrading delivery rooms, and fighting centuries-old ignorance about pregnancy.

Because we set a goal of eliminating measles by the year 2000, measles cases have fallen 76 per cent in our regions, and all across the Americas children in the most remote villages are getting their first immunization against that deadly disease.

Because we called attention to education reform, the Partnership for Educational Revitalization in the Americas was formed, and finance ministers, who once only looked at GDP numbers, are now looking at school graduation rates and searching for new ways to give all children chances to learn.

We have made a lot of progress, but with the 21st century just weeks away, I know that all of us hope to do more. Every two seconds another child is born somewhere in the Americas. Each of these precious children is a child of tremendous potential, potential that can be unlocked in the first years of life or locked away for a lifetime. How we empower these children and their parents, how we provide for their education and health care will not only shape their lives, but also shape the lives of our nations and our regions.

The theme today, "A Healthy Start: Investing in Children Ages 0 to 6," is one of the most important themes we could choose. Now there are some who might argue that other meetings where the headlines are trade or security or other matters that finance ministers and presidents and prime ministers discuss are more important. But I think if we take a look at what will really matter in the 21st century—preparing our children, investing in and educating our children, making sure they have the health care they need—will determine every other issue we could possibly discuss.

So, therefore, raising awareness about early childhood development is a critical matter. It is one that many of us have worked on for many years. For more than 25 years as an attorney

and advocate for children, I have tried to make clear that what we do for a young child today matters far more than what happens later. Because we can prevent problems and save money if we invest early instead of waiting for problems or crisis to occur.

It is such an important issue that in 1997, my husband and I held the first ever White House Conference on Early Learning and Childhood Development. We were looking for strategies that would enable our children—all of our children—to have a healthy start.

Now we were building on work that has been done in the United States before, work such as Head Start, which is a critical program that has enabled thousands and thousands of young children to enter school better prepared. We have seen similar programs throughout the hemisphere, and I know how dedicated so many of you are to ensuring that these kinds of preschool, early learning programs are available as universally as possible.

We also know that a childhood free of disease and illness is basic to a healthy start in life. Every year, 12 million children under the age of five worldwide lose their lives to infectious diseases. Here in the hemisphere, it is 565,000 young children—and these diseases are largely preventable.

Through USAID, the United States has sponsored innovative efforts to combat disease throughout the hemisphere, but what we are finding today is a new challenge. Too often, the antibiotics used to treat disease in young children have been used inappropriately, and too many children, even in the very earliest years of life, have developed resistance to the medicines that could save their lives.

So I am pleased to announce today a new \$2 million USAID grant that, with the Pan American Health Organization, will enable public health experts to determine just how antibiotics are being misused and to train doctors and pharmacists in the correct way to administer prescription drugs.

Through this grant, we hope that the medicines we have developed will be able to do the job they are supposed to do, and that is particularly important in two of the major killers of young children: diarrhea and respiratory infections.

As we look at the important challenges of health and education, I know that each one of us could, as we have already heard from our distinguished colleagues, provide many examples of what is working throughout our hemisphere.

What we have learned through these conferences is that good ideas can happen anywhere, and I have seen them everywhere in my travels. But too often, if we did not have conferences such as this, we would not know what was working in Chile or El Salvador or anywhere else in the hemisphere.

So I believe that this coming together is one of the important ways we can put our children first. We were successful in Miami, and then later at the Summit of the Americas in Santiago, in persuading our governments to pay more attention to the needs of children and

women. But I believe that that is an issue that must be addressed constantly. We have to continually remind ourselves and remind our governments that they must put children first.

So on behalf of the 100 million young children of our regions, I certainly thank all of you for being part of this ongoing effort of the first ladies here, in this hemisphere, to bring attention to our problems and honestly discuss them.

I don't know how many conferences in the hemisphere would have leading citizens, such as the women around this table, stand before an open audience and talk about everything from incest to drug abuse to child abuse to domestic violence. But it is that kind of frankness and openness that will enable us to fully understand the problems we face and then work towards solutions.

So thank you very much for continuing to build on this. And working together, I know, we can make progress on behalf of the children who need that progress so much.

Thank you very much. (Applause)

# **Clinton Presidential Records**

## **Digital Records Marker**

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IX

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## Measles Elimination Briefing Paper

### Background

At the December, 1996 Conference of the First Ladies of the Americas, Mrs. Hillary Rodham-Clinton, First Lady of the United States, endorsed the launching of the Pan American Health Organization's (PAHO) campaign to eliminate measles from the Americas by the year 2000. In September, 1994, the Pan American Sanitary Conference unanimously approved the Measles Eradication Plan of Action that targets eradication by the year 2000. One month later, during the Fifth Conference of Wives of Heads of State and Government of the Americas, and again at their gathering at the time of the Summit of the Americas in Miami, the First Ladies committed themselves to working closely with the Ministers of Health and international organizations to promote and provide follow-up to this goal. Toward this end, the First Ladies elaborated a Plan of Action that outlined critical steps in their own countries in support of measles eradication. These included: guaranteeing the purchase of vaccines and cold chain equipment; stimulating the participation of civil society; evaluating national progress in measles eradication; supporting the process of regional vaccination campaigns; and disseminating this commitment nationally and internationally.

### Regional Initiative

As part of launching PAHO's Measles Elimination Plan of Action, Mrs. Clinton committed \$8 million dollars from USAID for the PAHO effort, over 5 years. The strategy for elimination includes: 1) a one-time *catch-up* vaccination campaign targeting children 1 to 14 years of age regardless of disease or vaccination history; 2) high measles immunization coverage (at least 95%) through routine vaccination of children 12 months of age (*keep up*); and 3) periodic complementary *follow-up* campaigns to reduce the accumulation of susceptible infants and children 1-4 years of age. The Region has seen a dramatic reduction in the number of cases reported annually using this strategy. Circulation of the virus remains in only four countries where there has not been *full* implementation of the strategy (Bolivia, Brazil, Haiti, and the Dominican Republic).

### Results

By 1999, the majority of countries in the Americas were successfully controlling measles and preventing large outbreaks. In 1998, there was a 76% reduction of confirmed measles cases compared to 1997. Specific examples among the eight targeted countries in the USAID/PAHO Vaccine Initiative are quite encouraging. Nicaragua introduced the measles-mumps-rubella vaccine in 1998, and 63% of the municipalities achieved vaccination coverage over 90%. In response to the 1997 outbreaks in the Southern Cone countries, Nicaragua announced a national alert that entailed an intensification of surveillance activities, such as the search of contacts with confirmed cases and an active search of suspected measles cases. Another success story is in Guatemala where the last reported measles transmission occurred in 1995. Their government has mobilized other sectors of society to strengthen surveillance and social mobilization—fifty-one new institutions participated in support of immunization activities during 1998.

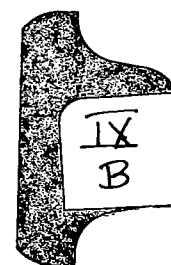
## Challenges

While great progress has been made towards interrupting measles transmission in almost all countries of the Americas, the virus continues to circulate in some areas of the region. Despite the achievement of a record low level of measles cases in 1996, there was a resurgence due to the importation of the disease from Europe to Brazil. Subsequently, measles spread to several countries in the Americas and resulted in over 100 measles-related deaths in Brazil and Argentina in the past two years--most occurring among unvaccinated infants and preschool-aged children. A major contributing factor to the resurgence of measles in Brazil and Argentina was the failure to *fully* implement the measles eradication strategy. Sharp reductions have been experienced in 1999 and 2000.

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## Talking Points

- High population **density greatly facilitates measles virus circulation** between infected and susceptible individuals, especially where many children remain unvaccinated by routine health services.
- **Young adults, aged 20-34 years, are at relatively high risk** for measles. These persons were born too early to have received measles vaccines through routine services and too late to have developed immunity by exposure to the virus.
- Measles case surveillance in the Americas shows that **health care workers are at high risk for being a source** of virus transmission in health facilities.
- To decrease transmission, a **sensitive surveillance system** which detects measles virus circulation in *all* areas of a country must be used. The *timely detection* of a suspected measles outbreak is necessary to allow rapid implementation of control activities to decrease transmission.



## **Integrated Management of Childhood Illness**

### **Background**

Each year, 12 million children die worldwide before they reach their fifth birthday. Approximately 565,000 of those deaths occur in Latin America and to a large extent are preventable. The majority of deaths are attributable to diarrhea, pneumonia, measles, malaria, and malnutrition, or a combination of these conditions. Estimates have projected that these same illnesses will remain the most important causes of child mortality continuing into the year 2020 without increasing attention to address them.

Building on past experience and lessons learned from disease-specific control programs, the World Health Organization (WHO), in collaboration with UNICEF, developed an integrated approach to the assessment, classification, treatment, and counseling of sick children and their caretakers. This approach is known as Integrated Management of Childhood Illness (IMCI) and forms the basis for new treatment guidelines at first-line health facilities. IMCI provides for integrated case management of the most common childhood illnesses (acute respiratory infections, diarrhea, malaria, measles, and malnutrition) which in the past were generally considered and treated separately. Research demonstrates that most ill children suffer from more than one condition and the integrated approach to their diagnosis and treatment ensures that all their symptoms receive treatment, therefore providing optimal care. More recently the IMCI approach has evolved into three components: 1) improvements in the case management skills of health staff through the provision of locally adapted guidelines on integrated management of childhood illness and activities to promote their use; 2) improvements in the health system required for effective management of childhood illness; and 3) improvements in family and community practices.

### **The IMCI Initiative**

In response to the child survival challenge in Latin America and the Caribbean, USAID, the Pan American Health Organization (PAHO) and the Basic Support for Institutionalizing Child Survival Project (BASICS) collaborated on the design of a five-year LAC Regional IMCI strategy. This strategy was planned to improve child health services, especially in the eight countries in the LAC region with the worst problems in child survival: Bolivia, Ecuador, Peru, El Salvador, Guatemala, Honduras, Nicaragua, and Haiti. The five-year initiative was authorized on March 5, 1997 for a total of \$2.8 million plus up to an additional \$2 million in potential add-ons from USAID country missions for related activities.

The LAC Initiative focuses on this integrated approach primarily to reduce child morbidity and mortality but also to promote greater efficiency. Inappropriate management of childhood illnesses wastes scarce resources. Although increased investment will be needed initially, ultimately additional resources will not be required because the IMCI approach is expected to result in cost savings. During a time of decentralization and sector reform in health throughout the region, this integrated approach seems to work well.

## **Results to Date**

The LAC IMCI Initiative is aimed at achieving the World Summit for Children health goals, established for the region in 1990. PAHO has since proposed a goal and specific IMCI targets to reduce infant mortality rates in priority districts within the Initiatives' eight priority countries. This strategy was officially launched in 1999 with the First Ladies of Venezuela, the Dominican Republic and El Salvador present. Several countries have had national launching ceremonies with strong support from the First Ladies.

The first year of implementation (1997) concentrated on building country consensus and support for IMCI, and then improving health workers' skills through IMCI clinical training. Several technical products were developed and field tested. Seven of the eight USAID countries have adapted course materials to their own national maternal and child health norms. These same seven countries have organized over 160 national and local IMCI clinical courses, and trained more than 3,800 health workers. A counseling module, *Talking with Mothers/Caregivers*, was developed to teach health care providers how to improve communication techniques for listening to and giving health instructions to mothers and other child caregivers.

In collaboration with the World Health Organization and the World Bank a costing tool has been developed and was field-tested in Bolivia and Nicaragua. A short programming review tool has been developed to assist policy-makers to assess the accomplishments and needs of the program to improve planning for future programming.

A multi-country study was field tested in Bolivia and conducted in Peru to evaluate the impact of IMCI.

Honduras has conducted widespread training of its public health staff in IMCI.

## **Remaining Challenges**

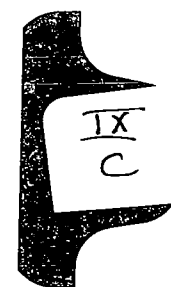
Guatemala is the only target country that has not officially started IMCI implementation, although the local PAHO office and the USAID Mission in Guatemala stand ready to support government efforts to complete the planning and implementation phases of IMCI.

The availability of an adequate supply of appropriate drugs remains a challenges, as does the complexity of expanding activities across the LAC Region. Supervision is also a problem as most health work forces have been reduced in recent years.

Decentralization provides both an opportunity and a challenge. While local officials are more attuned to the health needs at lower levels within the health system, there are many competing demands on their time and the resources at their disposal. At the same time, they are being charged with greater numbers of tasks and responsibilities.

## **Talking Points**

- Each year, 12 million children die worldwide before they reach their fifth birthday. Approximately 565,000 of those deaths occur in Latin America and to a large extent are preventable. The majority of deaths are attributable to diarrhea, pneumonia, measles, malaria, and malnutrition, or a combination of these conditions.
- Building on past experience and lessons learned from disease-specific control programs, WHO, in collaboration with UNICEF, developed an integrated approach to the assessment, classification, treatment, and counseling of sick children and their caretakers.
- IMCI provides for integrated case management of the most common childhood illnesses (acute respiratory infections, diarrhea, malaria, measles, and malnutrition), which in the past were generally considered and treated separately.
- The LAC Initiative focuses on this integrated approach primarily to reduce child morbidity and mortality but also to promote greater efficiency and cost savings.
- The five year Initiative was authorized on March 5, 1997 for \$2.8 million plus up to an additional \$2 million in potential add-ons from USAID country missions for related activities
- The Initiative is aimed at achieving the World Summit for Children health goals, established for the region in 1990, to reduce infant mortality.
- To date, seven countries have organized over 160 national and local IMCI clinical courses and more than 3,800 health workers have been trained in IMCI in the seven target countries.
- The complexity of expanding activities across the LAC Region presents a challenge. Supervision is also a problem as most health work forces have been reduced in recent years.
- Decentralization provides both an opportunity and a challenge. While local officials are more attuned to the health needs at lower levels within the health system, there are many competing demands on their time and the resources at their disposal. At the same time, they are being charged with greater numbers of tasks and responsibilities.



## **Maternal Mortality Update**

### **Background**

The chance of dying during pregnancy and childbirth in Latin America and the Caribbean (LAC) is 1 in 130 during a woman's reproductive lifetime. In the United States, a woman's chance of dying is 1 in 3,500. Qualitative and quantitative studies in the region indicate that maternal and newborn health services are under-utilized in LAC due to 1) cultural and/or physical barriers; 2) perceptions on the part of the community of the quality and appropriateness of services; 3) lack of awareness and understanding of problems occurring during pregnancy that require prompt action by providers; and 4) the influence of complex decision patterns of communities to take necessary and timely actions.

A recent report of the Centers for Disease Control (CDC) revealed that maternal mortality in the United States has not declined since 1982 and remains at 7.5 maternal deaths per 100,000 live births. One in 4 U.S. women suffer a serious complication during their delivery which translates into 2-3 deaths per day. The most disturbing fact is that Latin American women living in the U.S. are 1.6 times more likely to die than Caucasian women. A more alarming fact is that African American women are 4 times more likely to die as Caucasian women. These racial discrepancies reflect differences in socio-economic status and the ability to secure adequate insurance coverage that will afford these women access to quality services.

### **USAID Regional Initiative**

To address the serious situation of maternal mortality and morbidity in the LAC region, the United States Agency for International Development (USAID) is supporting a regional initiative which is committed to increasing the utilization and quality of "Essential Obstetrical Care" (EOC). This is accomplished through the following three avenues: 1) *building advocacy through policy dialogue*, 2) *improving the quality of services* and 3) *mobilizing community participation*. Because many women die from unpredicted complications needing prompt and emergent treatment, the focus of the USAID Initiative is to improve the delivery of basic EOC at the first level of care and comprehensive EOC at referral hospitals. In addition, the project includes elements which are oriented towards stimulating women to seek these services and assuring that the policy environment sustains the capacity for quality service delivery, while providing access to those in need.

### **Results**

An example of USAID's success in improving access to quality services is found in Comayagua, Honduras. The José Maria Ochoa Health Clinic is converting from a health post into a full-blown safe-birthing health center. The impetus was sparked by the clinic staff and is coming about at almost no cost to the Honduran government. This self-improvement has the potential to relieve the severe overcrowding of Comayagua Hospital by up to one-third of its current patient load of routine births and to provide more mother-centered care to potentially 1500 rural Honduran mothers and children each year.

Another example is the Yerovi Mackuart Hospital in Salcedo, Ecuador. A team was formed in 1998 to improve reception and triage of obstetric patients. The team developed and implemented a design which involved: the repair of the emergency entrance for easy and safe access, reorganization of personnel to provide a 24-hour security guard, installation of a central telephone line to allow internal communication, posting of signs outside and inside the hospital to direct patients, and construction of stretchers to transport patients.

Workshops have been held in 11 countries to address priority issues in maternal mortality at the political level, to identify existing norms that need to be updated, to define needs in existing legislation, and to share experiences among countries in the process of legal modification.

On the domestic front, Congresswoman Pat Schroeder drafted a bill before she left office which now has widespread bipartisan support. The bill (HR 2316 Safe Motherhood Monitoring and Prevention Research Act) hopefully will be introduced into the House this month. The purpose of the bill is to strengthen CDC's ability to strengthen their surveillance systems to monitor maternal deaths and illnesses.

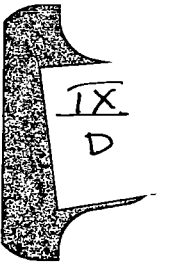
### **Challenges**

Successful models of maternal health systems can be found throughout all of the Americas, however, the challenge is to scale these models up to national and regional levels so that quality health services are not limited to those families who know how and who can afford to seek appropriate care. LAC is distinct from other regions in the developing world because maternal health is a well-established agenda item of many offices of the first ladies and ministries of health. The message to prioritize humanized and safe maternal care needs to be understood and accepted by policy makers in ministries of finance who allocate funding for social services in their countries.

### **Talking Points**

- The international donor community needs to continue synthesizing their efforts so as to build-upon each agency's particular strengths. Donors should prioritize the activities proposed by the recently formed Task Force on Maternal Mortality under the mandate of The Regional InterAgency Coordinating Committee (RICC).
- The majority of health ministries in LAC have formulated national strategic plans to reduce maternal mortality. Many of the countries need technical assistance to operationalize these strategies into clearly defined plans of action. Through the RICC Task Force, donors can help identify and direct appropriate technical assistance.
- Currently, only 23 States in the U.S. are participating in maternal death monitoring programs managed by the CDC. While demand to participate in these programs is quite high, CDC has insufficient funding and staffing to provide needed assistance to all 50 states. The efforts of Representatives Emerson, Lowey, Kelly, McKinney, Maloney, and Ros-Lehrien should be supported.

- Registering maternal deaths is an especially important problem in LAC countries. Every maternal death should be investigated to determine the cause of death and to develop recommendations for preventing future deaths. This is best accomplished through local Maternal Mortality Committees. Municipal governments have the responsibility to assure civil registration of vital statistics by incorporating the support of police departments, cemetery personnel, physicians, nurses, midwives, and traditional birth attendants.



## **PARTNERSHIP FOR EDUCATIONAL REVITALIZATION IN THE AMERICAS (A RETROSPECTIVE 1994 - 2000)**

- The Summit of the Americas held in Miami in December 1994 recognized the central role of human resource development in aspect of national development -- economic, political and social. The U.S. Government took on a leadership role on the Summit Education Initiative and following the Miami Summit recommendations, provided initial funding for a consultative forum to address education reform issues in the hemisphere.
- At the Fifth Conference of Spouses of Heads of State and Government of the Americas, held in Asuncion, Paraguay in October 1995. Mrs. Hillary Rodham Clinton, First Lady of the United States announced U.S. funding (\$6.0 million) for the Partnership for Educational Revitalization in the Americas (PERA) activity.
- In September of 1996, USAID approved a five-year cooperative agreement allocating \$6 million to help establish the Partnership for Educational Revitalization in the Americas. In Spanish, the partnership is: Programa para la Promoción de la Reforma Educativa en América Latina y el Caribe (PREAL).
- The Inter-American Dialogue (IAD) was selected and agreed to serve as secretariat of the Partnership. IAD is a non-governmental organization based in Washington, D.C. Over the years they have earned considerable respect for objective and scholarly exchanges on Western Hemispheric affairs.
- The PREAL Task Force on Education, Equity and Economic Competitiveness held their first meeting in Santiago, Chile on January 8-9, 1997. The Task Force is composed of corporate CEOs, prominent political leaders, and distinguished scholars from 12 countries. After a year-long effort (April 1998) the Task Force released a comprehensive report in three languages entitled *The Future at Stake* which made four key recommendations to improve the quality of education throughout the region. These recommendations have been widely distributed throughout the region to educators and policy makers.
- PREAL prepared a set of recommendations for consideration by the heads of state at the 1998 Summit of the Americas in Santiago. Education became the key theme for the Summit, with action items in nine areas.
- By 1998, PREAL had become the leading non-governmental voice on Latin American education policy, and a strong advocate for involving leaders from the private sector in the debate on education reform.
- PREAL has organized five sub-regional conferences on educational decentralization (Nicaragua-1996); standards and evaluation (Brazil-1996); finance (Colombia-1997); business-education partnerships (El Salvador-1998); and autonomous schools (Brazil 2000).

- Efforts to produce an annual Report Card on education in Latin America and to monitor progress toward education reform during the 1990s were undertaken in 1998 and progress continues to be made in the development of country monitoring systems.
- A bilingual PREAL homepage has been established on the Internet. All PREAL working papers published to date are available for downloading at the site ([www.preal.cl](http://www.preal.cl)).
- To date, PREAL has established a network of 20 expert centers working on education reform in 12 countries, and distributed 11 “state-of-the-art” working papers and 6 books on key issues in education reform.
- To date, PREAL has organized 38 national conferences on education reform issues such as Education Law in Nicaragua; Equity and Higher Education in Chile; and Business Participation in Education Reform in El Salvador.
- PREAL is currently strengthening its work in Central America (including Dominican Republic and Haiti) through expanded support for national advocacy groups and through the publication of a report (in early 2000) on education reform in Central America entitled, “Tomorrow is too Late,” developed by a blue-ribbon task force made up of key members of civil society.
- To effectively advocate for the development and implementation of sound education policy reform, PREAL has established a number of region-wide working groups to address critical educational issues. A list of the working groups is provided below:
 

|                                    |                                         |
|------------------------------------|-----------------------------------------|
| Education Finance                  | Coordinated by Instituto Ser – Colombia |
| Teachers Unions                    | Coordinated by FLASCO - Argentina       |
| Education Statistics               | Coordinated by UNESCO - Chile           |
| Politics of Education Reform       | CIDI - Chile                            |
| Education Evaluation and Standards | Grade - Peru                            |
- To date, PREAL has awarded 24 grants to education organizations and NGOs to conduct innovative and meaningful activities in the area of education policy reform. Organizations that have received grants from PREAL include:
  - Universidad Centroamericana – Nicaragua
  - Foro Educativo – Peru
  - FLASCO – Dominican Republic
  - Fundacao Getulio Vargas – Brazil
  - Asies – Guatemala
  - CIEN
  - CNEM – Mayan NGO
  - Grupo Basica
  - FEPADE – El Salvador
  - Corporacion PARTICIPA – Chile
  - FLASCO – Haiti

IX  
E

## **United States-Chile Partnership for Technical Cooperation**

### **Background**

On April 16, 1998, Secretary of State Albright and Chilean Minister of Foreign Relations Insulza signed an MOU on International Development Cooperation. The MOU establishes a bilateral partnership to promote closer relations between our respective national, regional and local entities involved in international development. Under the MOU, the United States and Chile are to share information on ongoing activities and seek opportunities to undertake joint development programs that support the objectives agreed to during the Summit of the Americas in Santiago, Chile.

### **U.S.-Chile Development Scholarship Program**

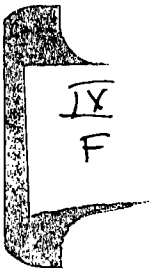
The MOU specifically provides for the creation of a "United States-Chile Development Scholarship Program" to support the development of human resources in Latin American and the Caribbean. This Scholarship Program is the first joint initiative that has been fully implemented under the MOU by USAID and the Agency for International Cooperation of Chile. The Program provides scholarships for individuals from the most needy developing countries throughout the hemisphere to attend training programs in Chile. The scholarships are granted for post-graduate and specialized studies that augment professional and technical capacity in the following priority development areas: 1) education; 2) social development and poverty alleviation; 3) economic integration; 4) democracy strengthening; and 5) natural resources management.

The Scholarship Program is open to government officials, members of non-governmental organizations and other organizations in civil society such as researchers or fellows from recognized Universities.

Since the program began in March 1999, 40 students from 13 countries have received scholarships for up to two years of study. The participating countries include Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, the Dominican Republic, Haiti, Jamaica, Bolivia, Ecuador, Paraguay, and Peru. USAID and AGCI recently started the third year of the program that will begin with the 2001 academic year. The third class of scholarship recipients will be announced in January 2001.

### **Building Hemispheric Cooperation in International Development**

The MOU provides a basis for broadening our bilateral cooperation by enabling other nations in the hemisphere to participate in development programs designed to carry out the Summit's objectives. The USG and GOC hope that the MOU will thus serve as a catalyst in getting the more developed nations to work as partners and extend the reach of our development assistance. Eight countries with international cooperation programs (Argentina, Brazil, Canada, Chile, Colombia, Mexico, the United States, and Venezuela) have informally met to discuss collaborating on programs and projects in support of the Summit. Chile has offered to host a meeting of these countries to more fully discuss the possibilities for collaboration.



## **USAID/LAC Justice and Human Rights Regional Program Interamerican Institute of Human Rights**

The Inter-American Institute of Human Rights is an independent, international education and research institution created in 1980 through an agreement with the Inter-American Court of Human Rights (based in Costa Rica) and the Government of Costa Rica. IIDH promotes the extension of and respect for human rights in Latin America and the Caribbean through programs in civil society, public institutions, education and electoral assistance. IIDH provides training and technical assistance to individuals, international organizations, governments and NGOs to further the consolidation of democracy and promotion of human rights in the Americas.

The USG, through USAID has been a major contributor of IIDH since its inception. The current grant of \$4.7 million (signed in 1997 at the First Ladies Conference) will be completed in December 2000. A follow-on grant is expected.

Among the activities of IIDH in the last year:

### **EDUCATION**

- The 18<sup>th</sup> Interdisciplinary Course of Human Rights was held July 31-August 11, 2000, drawing more than 120 participants from governments, international organizations, NGOs and universities in the region. The course is a flagship activity of IIDH, with more than 2000 graduates who are trained in human rights theory and practice to become “multipliers” for human rights promotion, protection and education in Latin America. This year’s theme, “Access to Justice,” included presentations on the Interamerican System of Human Rights, refugee rights, women’s rights, children’s rights, judicial reform in the Americas and others.

### **GENDER/CIVIL SOCIETY**

- In 1999-2000, IIDH launched a new course in “Women’s Human Rights: Strengthening their International Promotion and Protection,” bringing together women attorneys in the region to teach them about the Inter-American System of Human Rights and how to bring forth cases to the Court and Commission. The course has been followed up with one-on-one assistance with participants (from the regional NGO CEJIL) to prepare actual cases that will ultimately contribute to inter-American jurisprudence on women’s rights.

### **PUBLIC INSTITUTIONS**

- IIDH serves as executive secretariat of the Ibero-American Federation of Human Rights Ombudsmen and, as such, provides assistance to the sub-network of National Offices of Women’s Affairs. Support has continued to help the Women’s Affairs offices to coordinate strategies and encourage idea and information sharing to promote women’s rights.

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### **Notional Schedule for Side Program for the U.S. Delegation**

|                             |                                                                                                                         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Tuesday, October 3</b>   | Late evening arrival in Lima                                                                                            |
| <b>Wednesday, October 4</b> | Site Visits and Panel Discussion                                                                                        |
| 8:00 a.m. - 8:30 a.m.       | Courtesy call with Ambassador                                                                                           |
| 8:30 a.m.                   | Depart Embassy for Cono Sur                                                                                             |
| 9:15 a.m.                   | Arrive at Site Visit #1<br>Visit to USAID Project "Democratic Education in<br>Public Schools in Villa Maria de Triunfo" |
| 10:15 a.m.                  | Depart for Central Lima                                                                                                 |
| 11:15 a.m.                  | Arrive at Site Visit #2<br>Visit to CEDRO Open House for Girls                                                          |
| 12:15 p.m.                  | Depart for lunch                                                                                                        |
| 12:30 p.m. – 1:30 p.m.      | Lunch at Hotel Sheraton or other downtown location<br>Selected members of the Country Team                              |
| 1:30 p.m.                   | Depart for Ambassador's residence                                                                                       |
| 1:45 p.m.                   | Arrival at Ambassador's residence                                                                                       |
| 2:00 p.m. – 4:00 p.m.       | Vital Voices Follow-up Panel Discussion<br>Women's Political Participation<br>Ambassador's Residence                    |
| 4:00 p.m. – 4:30 p.m.       | Reception at the Ambassador's Residence                                                                                 |
| 4:40 p.m. – 6:00 p.m.       | R&R                                                                                                                     |
| 6:00 p.m.                   | Depart for Inauguration at the National Museum                                                                          |

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## **Background on USAID Project “Democratic Education and Student Participation in Public Schools”**

### **Background**

The Activity is aimed at developing a pilot program in selected public schools to promote the development of democratic skills, practices and knowledge in primary and secondary students.

The main challenge the project faces is to change the authoritarian culture in Peruvian schools and promote student democratic skills to improve self-esteem, participation, teamwork, conflict resolution and consciousness-raising on human rights issues, with an emphasis on gender equity.

Centro de Investigación y Desarrollo de la Educación (CIDE) and Asociación Educativa TAREA (TAREA) are implementing this project in 37 primary schools and 45 secondary schools in poor areas of Lima and Ayacucho (a city located in the sierra region). These activities involve the participation of approximately 80,000 students, in addition to teachers, school principals and Government of Peru officials from the Ministry of Education at both the national and local level. CIDE and TAREA are developing special methodologies, educational materials and training workshops to help students exercise their principal rights and responsibilities and to promote more a democratic environment in their schools. Special efforts are being developed to promote the participation of local institutions to help institutionalize the program.

Part of the implementation plan includes the development of a curriculum proposal on democratic education for primary and secondary schools, which is being successfully applied in the beneficiary schools. This proposal will be sent to the Ministry of Education for dissemination nationwide upon completion of the activity in December 2000.

### **Main Achievements**

- A clear improvement in the human relationships among teachers and students, teachers and principals, principals and students and students to students, toward more equality and mutual respect.
- Children and adolescents are more aware of their rights and responsibilities and are improving their participation.
- 45 secondary schools have installed “mock municipalities” democratically elected by their fellow students and approximately 500 elected representatives are being trained as democratic leaders.

**USAID Funding:** \$ 413,224 (September 1998 to December 2000)

**Implementing Agencies:** Centro de Investigación y Desarrollo de la Educación (CIDE) and Asociación Educativa TAREA (TAREA).

### Suggested Questions/Comments for Site Visit

For Primary School Students:

1. Can you tell me what you know about your rights and responsibilities?
2. Do you think that in school you have the opportunity to practice your rights and responsibilities?. Can you give me a small example? (Two or three children could talk about their experiences.)
3. Are girls and boys equals in your school? Can you give me an example?

For Secondary School Students:

1. Can you tell me a little bit about how the school leaders of the “mock municipality” were elected?
2. Do you believe you have democracy in your school? Can you give me a few examples of what you think demonstrates the democratic culture present in your school?

### Suggested Remarks for Site Visit to Stella Maris School

- Congratulate school authorities, teachers and students for the great job they are doing and the significant time they are dedicating to learn and practice democratic values, and for their overall commitment to participating and implementing various strategies to ensure a more democratic culture in their school.
- Encourage all participants to use their new found skills inside and outside their school, and recommend that they involve their families and other local authorities in order to build a new democratic culture in their community.
- Let the school children know that they are citizens with the capacity to defend and protect their rights in their school, in their families and in their communities. And that now that they have had the opportunity to learn and practice democracy in their school, these practices will be a part of their lives forever and will help them become better citizens and leaders now and in the future.

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### **Site Visit to the CEDRO Open House for Street Girls**

You will visit a center for street girls and girls at high risk in Lima operated by the Center for Education and Information on Drug Abuse Prevention (CEDRO). You will tour the site and meet program staff, as well as some of the girls who live there.

#### **Participants**

- Girls 7-17 who are living at the Cedro Open House
- CEDRO Open House Staff
- Eugenia de Huerta Mercado, Supervisor, Street Children Program. (She is Guatemalan and a former Ambassador.)

#### **Background**

This center is an “open house;” in other words, the residents are free to come and go as they wish. The girls come from a variety of backgrounds, and the majority of them have suffered abuse, often sexual, and often from family members. Many of them have run away and lived on the streets, while some still have some links to their families. The 25 girls now resident in the open house range in age from 7-17.

During the day, the girls participate in a number of educational and therapeutic activities. The center has a social worker and a supervisor to provide structure and direction in the girls’ daily activities. The goals of the project are to prevent child abuse and abandonment, to support children rejoining their families when possible, to give the girls training and educational opportunities, and to move towards self-financing with locally generated income.

#### **Other USAID-sponsored programs with CEDRO**

USAID has been supporting CEDRO for over 15 years in the rural jungle area of Peru, with programs designed to assist abandoned and neglected youth, as well as youth affected by drugs. Other USG organizations, such as the Narcotics Affairs Section (NAS) of the U.S. Embassy, also have strong working relationships with CEDRO. In Lima, CEDRO operates three open houses: two for boys, and the site you are visiting today for girls. CEDRO has received significant funding directly from the U.S. Congress as well, for its innovative work, and enjoys a great deal of credibility and respect for its work in reaching difficult target groups of street children.

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**DRAFT**

**Vital Voices Follow-up - Panel Discussion on Women, Girls and Democracy**

**Vital Voices Follow-up - Panel Discussion on Women, Girls and Democracy**

Moderator: Ana Maria Yañez - PROMUJER Executive Secretary (from Manela Ramos)

**Women's Contribution to the Consolidation of Democracy**

- View of rural women/local authority: member of a town council from a rural area
- View of women political leaders: one from the official and other from the opposition
- (Suggestions: Luz Salgado and Lourdes Flores Nano)

**Vision of Democracy for Young Women: Possibilities and Expectations**

- a young university leader

**Program – October 4, 2000 – 2:00 p.m. – 4:00pm**

**Ambassador's Residence**

Introduction: Ana Maria Yañez (5 minutes)

Three presentations by panelists (15 minutes each - 45 minutes total)

General Discussion: Questions/Comments from Audience and Panelists (1 hour)

Closing: Ambassador Hamilton (5 minutes)

Approximately 80 people will be invited to this event.

**4:00 p.m. – 4:15 p.m. - USAID Signing of PROMUJER Activity**

- approx. \$400,000
- Consortium of four NGOs lead by Manuela Ramos
- Message: Promotion of the contribution of women's participation to democracy
- Press

**4:15 p.m. – 5:15 p.m. - Coffee Reception at the Ambassador's Residence**

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XI  
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## **Statement of the Forum of Adolescents of the Americas**

**June 29 2000**

**Lima, Peru**

In the face of the different problems experienced by our countries, we, the American adolescents, hereby wish to make a statement. We, therefore, participate in the Forum of Adolescents of the Americas, currently being held in the City of Lima, Peru, from June 26 to 29, 2000, with the participation of 26 countries of America represented by delegates of each nation.

The Forum was aimed at seeking solutions and answers to problems and concerns expressed by each participant on the basis of personal experiences, through a participative methodology based on discussions and debates.

Adolescents are especially interested in contributing towards the transformation of America; they want an America with more justice, where they may have a greater participation and play a more significant role. To this effect, during the Forum, a more direct approach was promoted amongst all the adolescents for the discussion of areas of interest and subjects such as identity, adolescent life plan, leadership, social networks and the right to participate.

The following points are the result of the systematic work undertaken, in which a set of ideas and opinions of adolescents, the voice of the new world, have been compiled.

We hope that the authorities will take into account and listen to the reflections we present today. We are convinced that our continent may achieve a greater level of development, through a process of change motivated by the initiative and contributions of adolescents.

Our commitment is transparent and with all our heart we want to state that we need to build a continent that is worthy and dignified for all the adolescent population of the Americas.

**“Tomorrow must be today, let us join forces now.”**

## **Identity Profile of the Adolescent of the Americas**

Adolescents are certain that it would be impossible to develop and know the Americas if we do not previously know ourselves, if we do not previously establish a clear identity, something that will identify us all as a whole.

We require a true identity, equal to all and, for this and other reasons, we have prepared the following proposals:

### **Proposals of Adolescents on the Identity of the Adolescent of the Americas**

1. We adolescents propose that the international day of the adolescent be declared and/or instated, in view that we do not have a day to identify us as adolescents.
2. We want to be identified for what we really are, adolescents that form part of the solution and not part of the problem, and therefore we propose that laws and decrees be issued to punish discrimination, both physical and verbal, against adolescents.
3. We propose that adolescents be taken into account for decision-making, in view that we are an important and representative group of our nations and therefore, our voice deserves to and must be heard.

## **Adolescent Life Plan**

Adolescents face a number of problems due to lack of planning. Life planning enables the projection we may have of our own destiny, channeling our goals according to what is truly important to us, such as a positive vision of our realities.

In adolescence, this planning is necessary to reach our objectives, and forms part of the mission that accompanies our development. The adolescent is at a difficult stage, undergoing important changes in his/her life, and these difficulties may lead him/her to incur a series of social problems (drug addiction, delinquency, gangs, etc.).

Hence, our goal as leaders is to contribute towards converting a crisis into an opportunity and thereby propose effective alternatives for the solution of these burdening problems currently experienced by adolescents.

### **Proposals**

1. Promote communication within the family through awareness campaigns in which subjects of direct interest to adolescents are discussed and where the problems affecting us are included together with alternatives for their solutions. To achieve this, we require constant development of different meetings such as forums, parent schools, debates, use of the media, leadership networks, etc.
2. Foster the participation of adolescents in decision-making processes concerning adolescent problems, as they are the only ones that truly know their reality.
3. Update the scientific-technological and contextual materials used for educating adolescents, thereby generating adequate interest towards study and the development of a critical attitude, which are key to our personal and social formation as adolescents.

## **Social Networks**

Social Networks are organized groups, interrelated and interconnected which meet to fulfill common objectives. As ascertained by the adolescents participating in the Forum, there is a consensus that it is necessary to expand the existing venues of participation (networks) to meet the basic needs of adolescents without discrimination of creed, race, color, economic condition, amongst others.

We, the adolescents of the Americas, feel that it is our duty to undertake the formation of groups of adolescents in our countries to deal with crucial issues, such as leadership, self-esteem, participation, life plan, and human rights.

### **Proposals**

1. We propose that adolescents be provided with the necessary support for the creation and upkeep of a continental network, with no discrimination whatsoever, that will benefit the majority of adolescents of the continent.
2. We request that each government of the countries that constitute the continental network provide the necessary funding required for the presented and approved projects.
3. We propose that governmental secretariats be created in order to have organized information on the number of existing adolescent organizations in the country. Said secretariats must safeguard the right for freedom of organization, avoiding all types of repression for those what are organized into groups and thereby, meet their requirements.

## **Right to Participate**

Every adolescent has the right to express his opinion freely and to be heard. Not all adolescents have the same opportunities nowadays of having access to spaces of participation in their countries, due to different reasons. We are certain that we, adolescents, may be trusted to conduct and carry out activities, and this may be already confirmed in the region by the achievements of the different organizations we participate in. We only need to have the opportunity.

### **Proposals**

1. We propose that the Governments of the Americas should increase the interest and emphasis provided to education, a sector which is the starting point for the promotion of an active and effective adolescent participation in the different spaces being developed.
2. We propose that national and international regulation systems be effectively respected and upheld, in order that adolescent participation in the decision-making process be incorporated.
3. We believe that it is important to increase the budget allocations aimed at promoting an integral development of the adolescent population, especially in the rural areas of our countries.

4. We consider that greater support should be given to organizations that promote the distribution of scholarships, and contribute to strengthen and develop the skills and capacities of adolescents.
5. We believe that greater adolescent participation may be achieved in the different spheres of development through national and international awards that will give priority to those adolescents who live in conditions of vulnerability.

## **Leadership**

Having proposed and reflected upon the following issues:

- Identity, which is a feature that distinguishes adolescents from others;
- Life Plan, which is what leads us to the fulfillment of our goals;
- Social Networks, that is, the venues where adolescents may effectively exercise their right to participate;

We, the adolescents of the Americas, may conclude that leadership constitutes the mechanism by which we may achieve these objectives.

We may define leadership as that quality by which the adolescent has the capacity to manage and represent other groups. This is promoted on the basis of self leadership, a continuous process of self improvement in which the person likes and accepts him/herself (self esteem), learns how to make decisions and execute them.

A leader is a person who motivates and influences other adolescents for the creation and organization of groups, guiding and facilitating solutions to the different problems in different areas, such as politics and social, economic and cultural issues, amongst others.

In order to achieve this objective we believe it is necessary to foster the conditions necessary to identify the adolescent leaders of the different sectors of each country, as well as to upgrade their skills and capacities so that they may replicate their achievements and successful experiences.

For this reason, the adolescents of the Americas invite the authorities and principal governors/rulers of each country to assume a commitment with the statement we are making herein. Each contribution is the reflection of our needs, of the present and future vision that we aim to achieve.

We must modify the paradigm that defines the adolescent as a problem, as someone who lacks ideals and goals, into another where the adolescent plays a key role with respect to changes, as someone who faces challenges and assumes responsibilities with courage, energy, and strength.

Because, in short, the adolescents are the voice of the new world.

SENSITIVE BUT UNCLASSIFIED**PERU - POLITICAL OVERVIEW****BACKGROUND**

President Alberto Fujimori announced on September 16 his decision to call new national elections, in which he would not run, and to deactivate the National Intelligence Service (SIN). This action followed months of international and domestic efforts to promote democratic reform in Peru in the wake of deeply flawed elections. It also came in the wake of a scandal implicating intelligence adviser and Fujimori cohort Vladimiro Montesinos in corruption. The deactivation of the SIN amounted to a de facto ousting of Montesinos, who was widely suspected of undermining the judiciary, the Congress, and the media to concentrate power in the executive branch. Montesinos left Peru on September 24 to seek political asylum in Panama; that request is under review. Panama's decision to receive Montesinos was supported by the OAS, with support from the USG and other governments in the hemisphere. Montesinos' departure, along with Fujimori's decision to step down when a new president is inaugurated in July 2001, opens the way for democratic reform to move forward in Peru.

Observers from the Organization of American States (OAS) found Peru's national elections this spring to be not free and fair. The Fujimori administration used its control over the media, the judiciary, the Congress, and the security and intelligence forces to disadvantage the political opposition. A first round of voting on April 9 narrowly led to a runoff between President Fujimori and challenger Alejandro Toledo, following international criticism of initial GOP figures giving Fujimori a majority win. On May 28, the GOP held a runoff vote despite OAS recommendations for a delay until conditions for a fair contest were in place. Toledo boycotted the runoff in protest and OAS and other international observers withdrew their monitors. 51% of votes cast in the unmonitored runoff were for Fujimori; 49% were cast for Toledo or deliberately spoiled in protest.

The June OAS General Assembly in Windsor, Canada passed a resolution tasking a special mission to Peru to develop recommendations to strengthen democracy. OAS Secretary General Gárriga and Canadian Foreign Minister Axworthy traveled to Peru and suggested measures on electoral and judicial reform, steps to strengthen freedom of expression and protection of human rights, and actions to restructure security and intelligence services. Former Dominican Foreign Minister Eduardo Latorre was selected to head a permanent OAS mission in Lima, overseeing a national dialogue among government, opposition, and civil society on these reforms. Participants have agreed to March 2001 as a target date for completion of reforms and talks are ongoing.

**TALKING POINTS**

- We welcome President Fujimori's call for new elections. This is a positive step towards strengthening democracy in Peru. We support the OAS-sponsored national dialogue as the venue to develop and implement reforms to ensure free and fair elections.

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SENSITIVE BUT UNCLASSIFIED**PERU - ECONOMIC OVERVIEW**

Peru has made significant progress toward economic, social, and political stability in the last decade but faces prospects of economic weakening until the current political uncertainty is resolved. Previously marked by terrorism, hyperinflation, and government intervention in the economy, Peru under President Fujimori in the 1990s took the steps necessary to bring these problems under control. Peru experienced strong overall growth from 1993 until 1998, when the adverse effects of "El Nino" and the global financial crisis caused a slowdown in growth. In 1999, the economy began to recover, with GDP growth at 3.8 percent in 1999, an increase over the 1998 figure of 0.3 percent. Fishing, agriculture, and mining sectors comprise an important part of Peru's economy and are displaying growth, although manufacturing and construction sectors continue to stagnate. This recovery, however, is threatened by weakened investor confidence in the wake of deeply flawed national elections, international calls for democratic reform, and uncertainty over the political future in Peru over the next year.

President Fujimori's surprise announcement that he will leave office in response to a bribery scandal is considered by most analysts a long-term plus for Peru's economic outlook, but it will have a negative economic impact in the near term. The Government had recently unveiled a well-received plan to improve fiscal stability, strengthen and restructure the private sector, complete privatization projects, and generate investment. The uncertainty over who will head the Peruvian government over the next year has resulted in a downturn in Peruvian markets, with economists downgrading growth estimates for the country and investment agencies lowering ratings on Peruvian debt. Despite the best efforts of the GOP economic team to keep Peru's reform efforts on track, the GOP and Peruvian legislature can be expected to grow increasingly distracted as new elections approach.

Analysts expect that until the transition period is complete in July 2001 and a new government, with new economic policies, is in place, investment in Peru will remain low. The GOP's targets of raising investment from 19 percent to 25 percent of GDP and reaching 6 percent annual GDP growth may be unrealistic. Additional goals of 4 percent inflation and a 2 percent fiscal deficit will also be difficult to achieve, particularly if tax revenues come up short. The downgrade in Peru's sovereign debt rating, unless reversed, will mean financing the fiscal gap will be more costly than expected. Thus, while in the long term, a successful democratic transition will be a plus for Peru's economy, short to medium term prospects appear negative.

Peru's social indicators are among the least advanced in Latin America. Despite government efforts, half the population lives in poverty and 14.7 percent live in extreme poverty. Unemployment was estimated at 9.5 percent at the end of 1999, with underemployment over 45 percent. Malnutrition among school-age children is widespread and adult illiteracy in rural areas of extreme poverty is estimated at more than 20 percent. While rates of child mortality have declined significantly in recent years and contraceptive prevalence increased, the maternal mortality rate, estimated at 265 deaths per 100,000 live births, is among the worst in the hemisphere. The number of reported cases of AIDS continues to climb, with a total of 8,220 known cases of AIDS as of March 1999.

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**DRAFT**

*Revised 8/31/00*

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# **The Status of Children and Adolescents in the Americas**

## **A Regional Perspective**



**Draft End of The Decade Report for  
The Fifth Ministerial Meeting**

**Jamaica 2000**

**DRAFT**

August 31, 2000

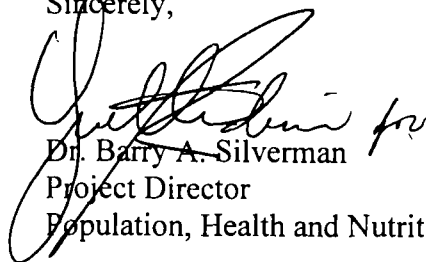
Carlo Dabbs  
USAID

Dear Carlo:

Enclosed is our REVISED Analysis entitled, "Draft End of the Decade Report for the Fifth Ministerial Meeting, Jamaica 2000". We have provided you with four copies.

If you have any questions or comments, please contact me at (202) 554-2775 or [bsilverman@jorge.com](mailto:bsilverman@jorge.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Barry A. Silverman", is written over the typed name. The signature is fluid and cursive, with a large initial "B".

Dr. Barry A. Silverman  
Project Director  
Population, Health and Nutrition Information Project

## Introduction

**D**uring the past decade, countries of the Americas led the world in improving the health and welfare of children and adolescents. Foremost among the public health milestones achieved during the decade was the eradication of poliomyelitis. The region also witnessed a remarkable expansion of educational opportunities. To sustain and expand the advances made during the '90s, closing the gap between wealthy and poor countries and wealthy and poor sectors within countries must be a central focus. Also, efforts to address the needs of the region's growing adolescent population must be intensified.

### *Health, Nutrition, and Environmental Rights*

Significant strides have been made toward meeting the goals set at the 1990 World Summit for Children. In addition to the eradication of polio, highlights of the decade included:

- Reduction of total fertility;
- Increases in safe motherhood practices, such as modern contraceptive use and professional care for women during pregnancy and at delivery;
- Decreases in childhood morbidity and mortality, achieved through increases in breastfeeding and vaccination coverage; and
- Reduction of malnutrition and micronutrient deficiencies.

Nevertheless, results vary greatly between rich and poor countries, as well as between rich and poor, urban and rural, and educated and less-educated groups within countries. To sustain and improve on the advances of the last decade, efforts to close such gaps will have to be successful this decade. Increased focus must also be placed on human immunodeficiency virus infection/acquired immunodeficiency syndrome and other causes of death and disease burden in children and adolescents, including road traffic injuries, drowning, interpersonal violence, falls, alcohol dependence, unipolar major depression, dental caries, and asthma.

### *Right to Education*

A policy of universal access to basic education became the norm for countries of the region during the last decade. To sustain this progress, future efforts need to address such issues as:

- The continuation of the poverty cycle, with children from homes with limited resources generally attending eight years or less of schooling.

- The use of the young in the labor force, which continues to limit education opportunities for the poor.
- Persistent large differences in literacy rates between urban and rural populations. While the decade saw an important reduction in the rate of illiteracy, the goal of the World Summit for Children to reduce this rate by half was not met. Women in rural areas and indigenous populations also lag behind.

### *Child Protection Rights*

Although child protection rights received considerable attention during the past decade, children and adolescents still are vulnerable. Areas that are vulnerable include the rights of children and adolescents to:

- A safe environment (through a halt in the violence against and among adolescents and children);
- A registered family name as part of a birth registry;
- A registered nationality as part of a birth registry;
- Appropriate child and adolescent labor laws; and
- Access to institutional avenues for the guarantee and restitution of rights.

### *Gender Equity and Women*

The protection of the rights of women saw major advances during the past decade. The following concerns should be addressed for these advances to continue in the next decade:

- Adolescent maternity continues to be of great concern, particularly among poor and rural populations.
- Violence against women remains a significant problem in the region.
- Educated women still have difficulty securing appropriate work.

## About This Report

**T**he purpose of this report is to provide a brief overview of the progress made in the Americas toward the World Summit for Children and Lima Accord goals. The report includes information related to the following goals:

- Reducing maternal mortality to half of their 1990 levels;
- Providing pregnant women with prenatal care and care during childbirth;
- Providing couples with the means of controlling pregnancies that are too early, closely spaced, late, or numerous;
- Reducing infant and under-five mortality by one-third, or to 50 and 70 per 1,000 live births, whichever is the greater reduction;
- Reducing severe and moderate malnutrition among children under 5 to one half of 1990 levels;
- Maintaining high levels of immunization coverage;
- Achieving universal access to basic education and completion of primary education by at least 80 percent of primary school age children;
- Meeting the special needs of adolescents, including providing them with the means of preventing and controlling infection from human immunodeficiency virus and other sexually transmitted infections;
- Reducing the adult illiteracy to at least half its 1990 level, with emphasis on female literacy.

The analyses presented in the report utilize data from published sources to measure trends. Primary questions used in guiding this analysis include:

- How has the American region progressed toward goal achievement over the past decade?
- Are there notable differences between American subregions on goal progress?

- Are there notable variations in goal progress within and between subregions by rural-urban residence, socioeconomic levels, sex, or age?
- Are there other notable trends or patterns of variation in the indicator data pertaining to the major goals that have implications for regional or subregional policy and strategic planning?

The report is organized around a life-cycle model of protecting human rights and health. Indicators are grouped under the following categories, although it should be noted that some activities and achievements may be applicable to more than one category.

- Prenatal care/delivery/safe motherhood
- Infancy and early childhood (0-5 years of age)
- Primary school age (6-14)
- Adolescents (15-24)
- Adulthood and Community

### *Comments On Data And Methodology*

The data used in the report are considered to be the best available at this time. Most of the indicator data comes from UNICEF or other United Nations databases or publications. Other data are drawn from Demographic and Health Surveys (DHS) and Family Health Surveys (CDC).

Data for accurate trend analysis are limited for many indicators. In some cases, two slightly overlapping time periods were used by necessity to provide some basis for comparison. This method is likely to have a dampening effect on trends in either direction. In other cases, trend data exists for a few countries and are presented as examples. Population data used for weighting regional and subregional averages are taken from *World Population Prospects, 1998*. When countries are missing from the aggregates, the proportion of population represented is reported in the endnotes. When more than 50 percent of the population of a subregion is not represented, the weighted average is not shown. When a country has data for one time period and not the other, the country is excluded from calculation of the overall regional averages.

### ***Subregional Analysis***

Subregions for the analysis were defined somewhat differently from the commonly used categories of North, Central, and South America, and the Caribbean. Seven subregional groupings were used and presented in the following order:

- MERCOSUR: Southern South America including Argentina, Chile, Paraguay, and Uruguay;
- ANDEAN: That part of South America encompassing the majority of the Andean mountains including Bolivia, Colombia, Ecuador, Peru, and Venezuela.;
- CENTRAL AMERICA: This subregion includes Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama;
- CARIBBEAN: This subregion includes all of the island nations of the Caribbean Sea plus similar nations from the mainland, including, Belize, Guyana, and Suriname;
- BRAZIL;
- MEXICO (Brazil and Mexico are treated as separate subregions due to their relative size and regional significance); and
- NORTH AMERICA (Canada and the United States).

Some presentations combine data from the subregions. In these cases, the designation "Latin America/Caribbean" refers to only the first six subregions listed above, while "All Americas" refers to all seven subregions, including North America.

In some cases, aggregated data were taken directly from a source where different subregional classifications were used. These are noted in the endnotes. For regional aggregations, UNICEF's regional categories were used.

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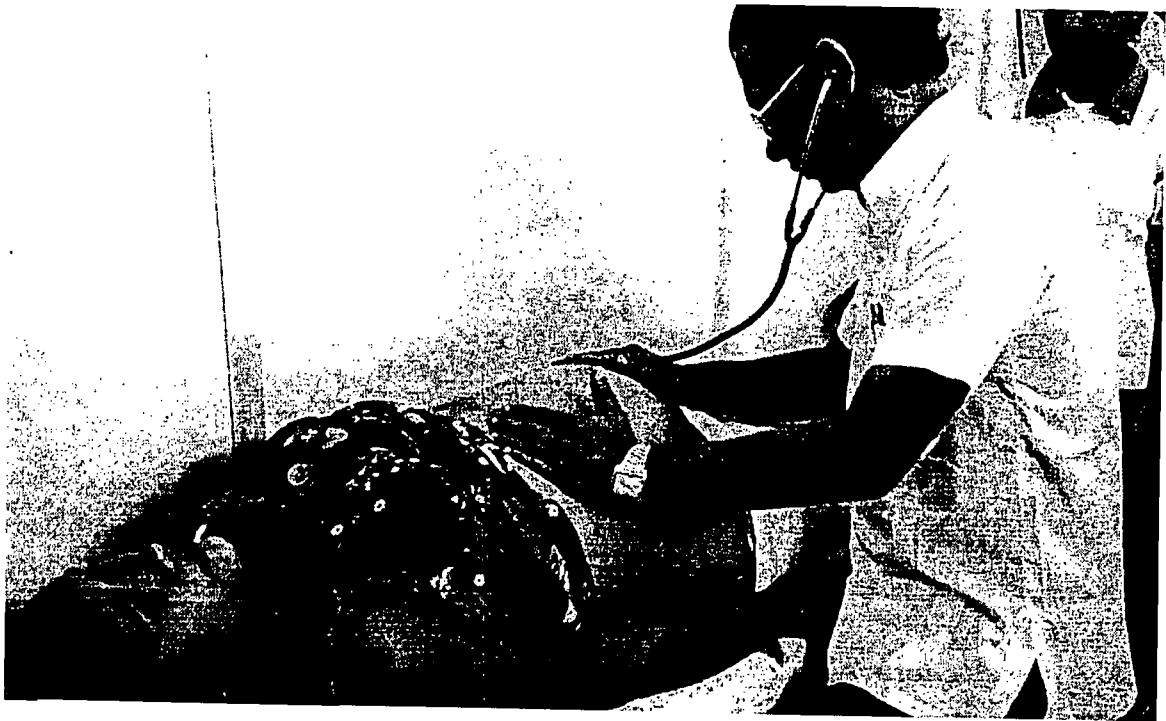
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Endnotes

# **PRENATAL CARE/DELIVERY/ SAFE MOTHERHOOD**

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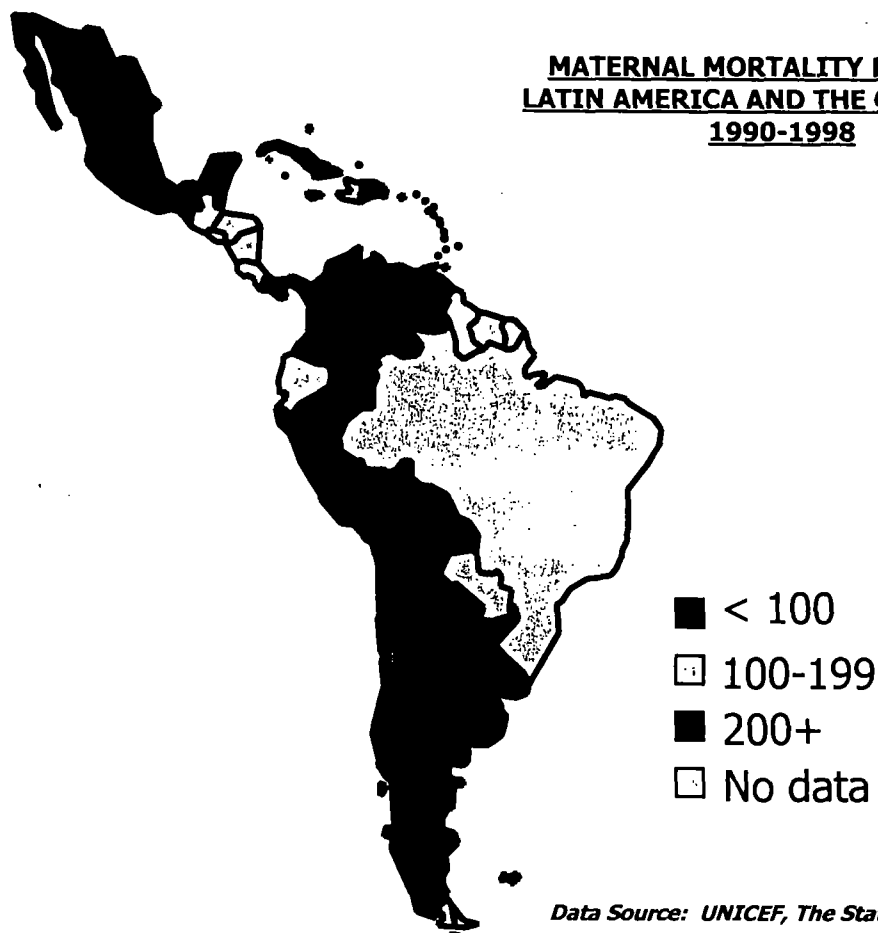
## Maternal Mortality

### Goal

Reducing maternal mortality by half from 1990 levels.

### Definition

The maternal mortality ratio is the estimated number of maternal deaths per 100,000 live births, where maternal death (from any cause except for accidents) occurs during pregnancy or within 42 days of termination of pregnancy. Country reported data are not adjusted for under reporting and misclassification.



*Data Source: UNICEF, The State of the World's Children, 2000.*

- Maternal mortality is difficult to measure for several reasons. Extremely large samples are required to obtain reliable statistics from surveys. Data from other sources are often incomplete or derived from indirect methods with large margins of error.
- Available maternal mortality data are presented here to identify Latin American and Caribbean countries with maternal mortality ratios of less than 100, between 100 and 199, and over 200 maternal deaths per 100,000 births.
- Most maternal deaths are preventable with proper management of pregnancy and delivery and with adequate access to emergency care. While there are insufficient data to indicate trends in maternal mortality, data on related indicators, such as the number of births attended by trained health professionals, may give some idea of progress toward reducing maternal mortality and morbidity.

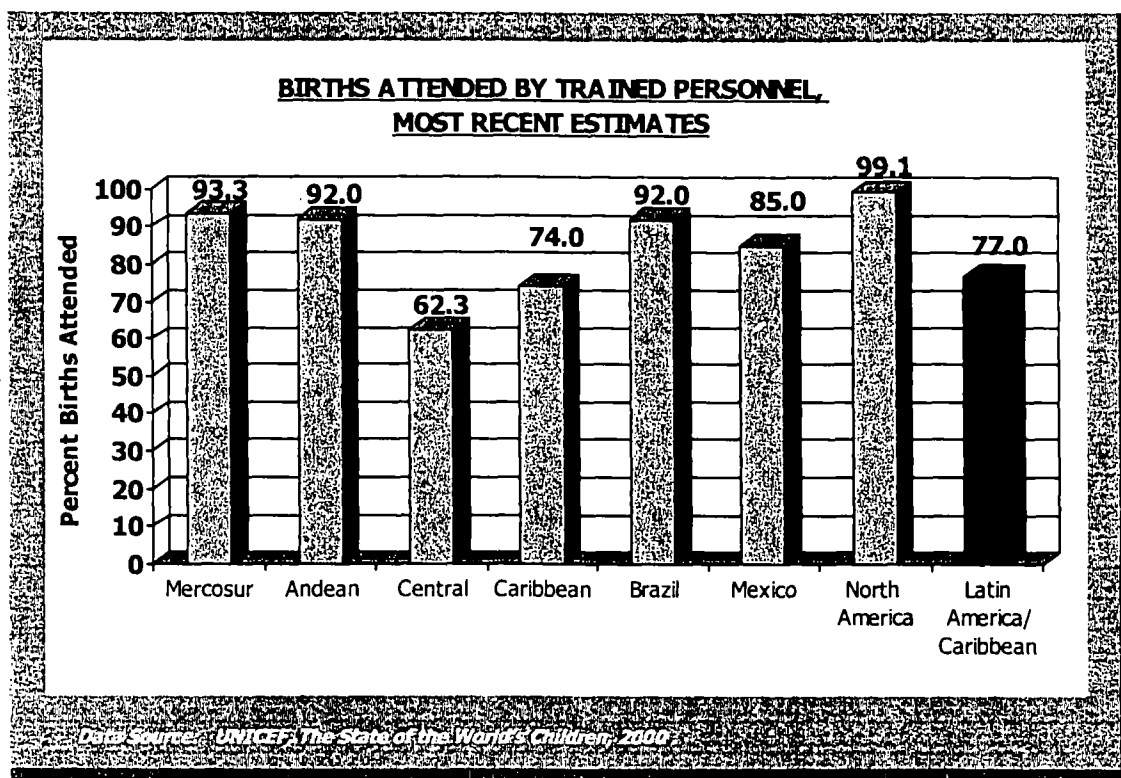
## Safe Motherhood

### Goal

Reducing 1990 levels of maternal mortality by half. Provide pregnant women with access to prenatal care, trained attendance during childbirth, and referral facilities for high-risk pregnancies and obstetric emergencies.

### Definition

Attendance at birth by trained personnel is the percentage of births attended by medically trained personnel (physicians, nurses, and trained midwives only).



- Trained professionals attend more than three-quarters of births in Latin America and the Caribbean. This is a much higher rate than those reported for sub-Saharan Africa, Asia (excluding China and India), and Middle East/North Africa.
- From 1988 to 1998, births attended by skilled health personnel rose in Latin America and the Caribbean from 70 percent to 77 percent.
- Trained personnel attend almost all births in the Mercosur subregion, Brazil, and the United States and Canada. Central America lags behind the other subregions with 62 percent of births being attended by skilled personnel.
- The averages shown for the Caribbean and Mercosur subregions mask considerable variation. Haiti (21 percent), and Paraguay (61 percent) have very low levels of trained attendance at birth, while most of the remaining countries in the Caribbean and Mercosur have nearly universal attendance.

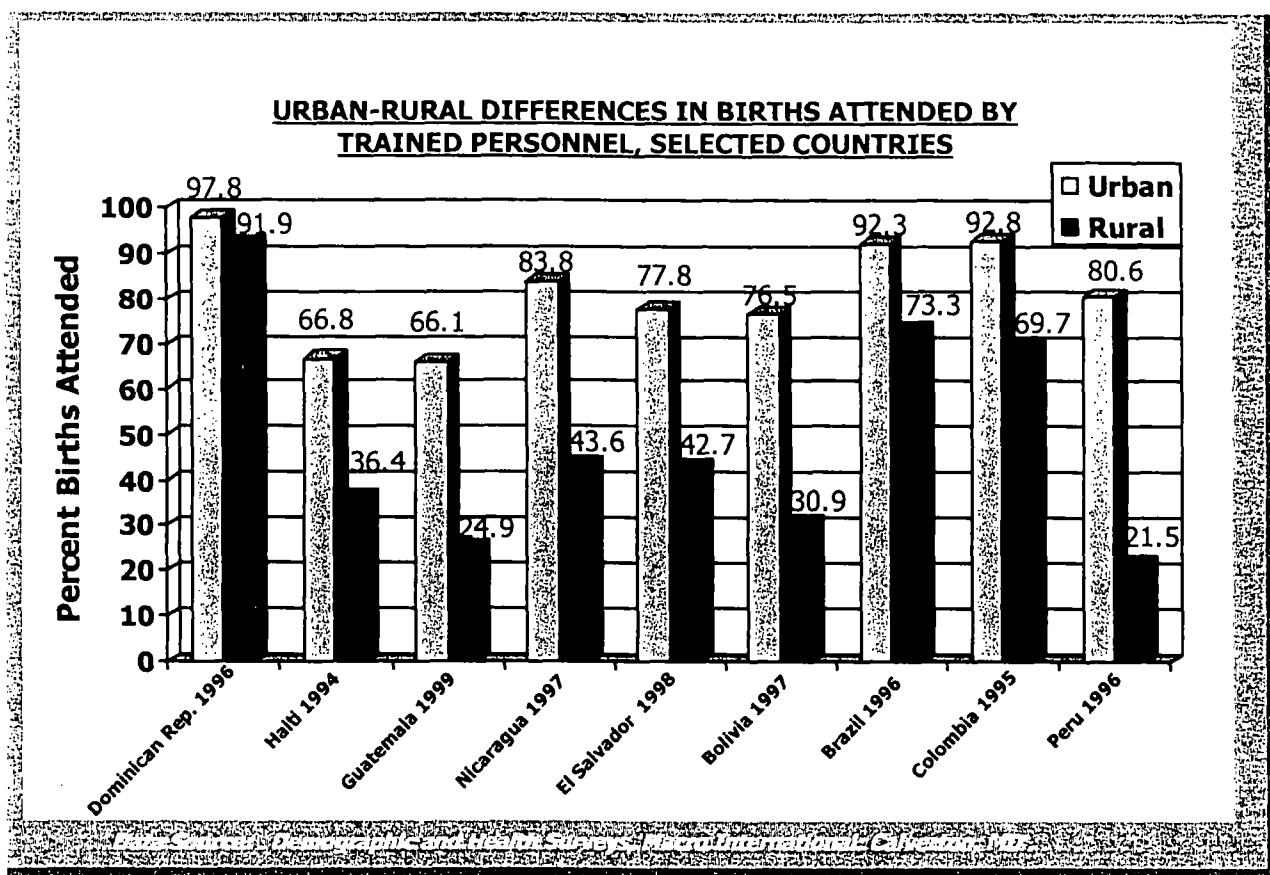
## Safe Motherhood

### Goal

Reducing maternal mortality by half. Provide pregnant women with access to prenatal care, trained attendance during childbirth, and referral facilities for high-risk pregnancies and obstetric emergencies.

### Definition

Attendance at birth by trained personnel is the percentage of births attended by medically trained personnel (physicians, nurses, and trained midwives only). One of the factors that influences the use of health services is their availability. In almost every country, health facilities are more numerous and easier to reach in urban areas than in rural areas.



- In every country shown, urban births are more likely to be attended by trained personnel than rural births.
- In general, the countries with the highest overall rates of births attended by trained personnel have the smallest differences between these rates for urban and rural populations.
- The births of more than 90 percent of urban women in Brazil, Colombia, and the Dominican Republic are attended by trained personnel.
- In the Dominican Republic, the difference between urban and rural areas for births attended by trained personnel is less than 10 percent.

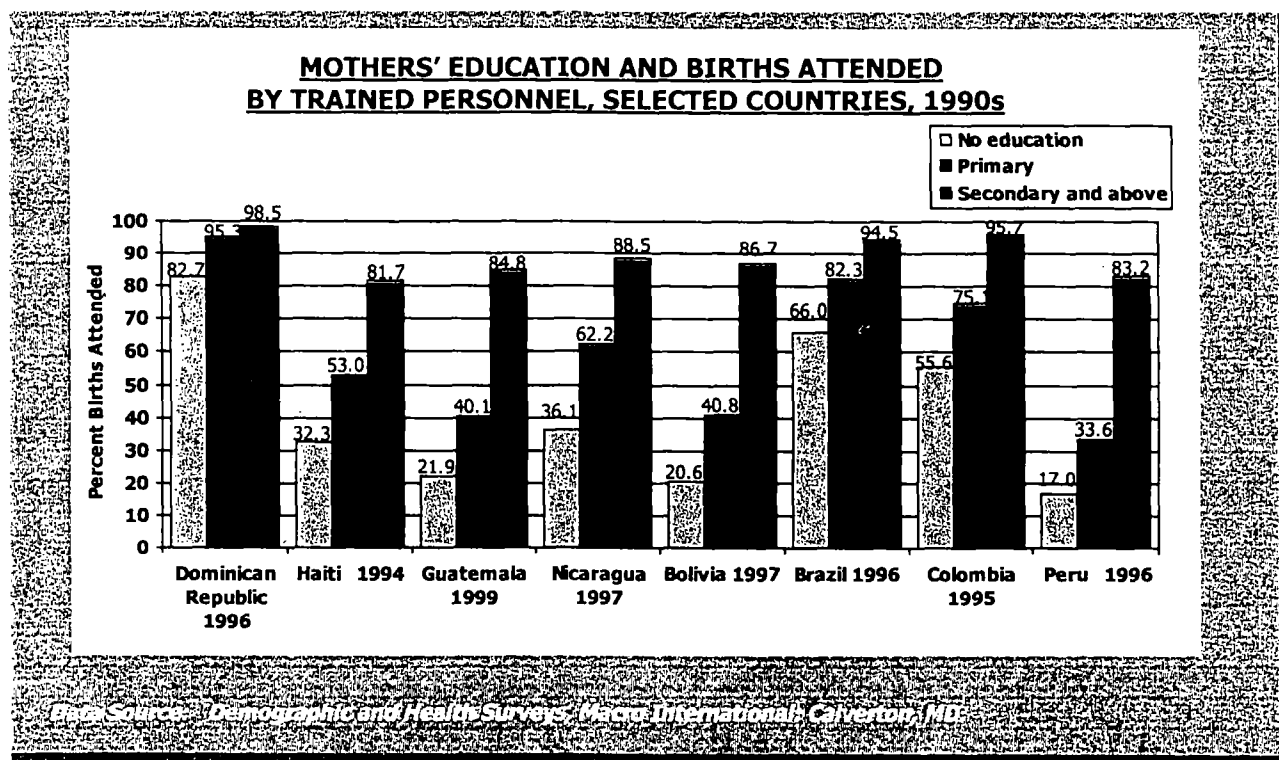
## Safe Motherhood

### Goal

Reducing maternal mortality by half. Provide pregnant women with access to prenatal care, trained attendance during childbirth, and referral facilities for high-risk pregnancies and obstetric emergencies.

### Definition

Attendance at birth by trained personnel is the percentage of births attended by medically trained personnel (physicians, nurses, and trained midwives only). One of the factors that influences the use of health services is the socioeconomic status of the health care seekers. Women with more education are often more receptive to modern health care technology and may have greater economic means to purchase health services than their less educated peers.



- In all eight countries shown, more than 80 percent of women with at least a secondary-school education have births attended by health professionals.
- In five of eight countries shown, less than 40 percent of women with no education had births attended by health professionals.
- In general, the countries with a high overall level of trained attendance at birth have low differentials across the educational attainments of mothers.
- The countries with the largest disparities between urban and rural areas are the same countries that have large disparities across educational attainments of mothers.

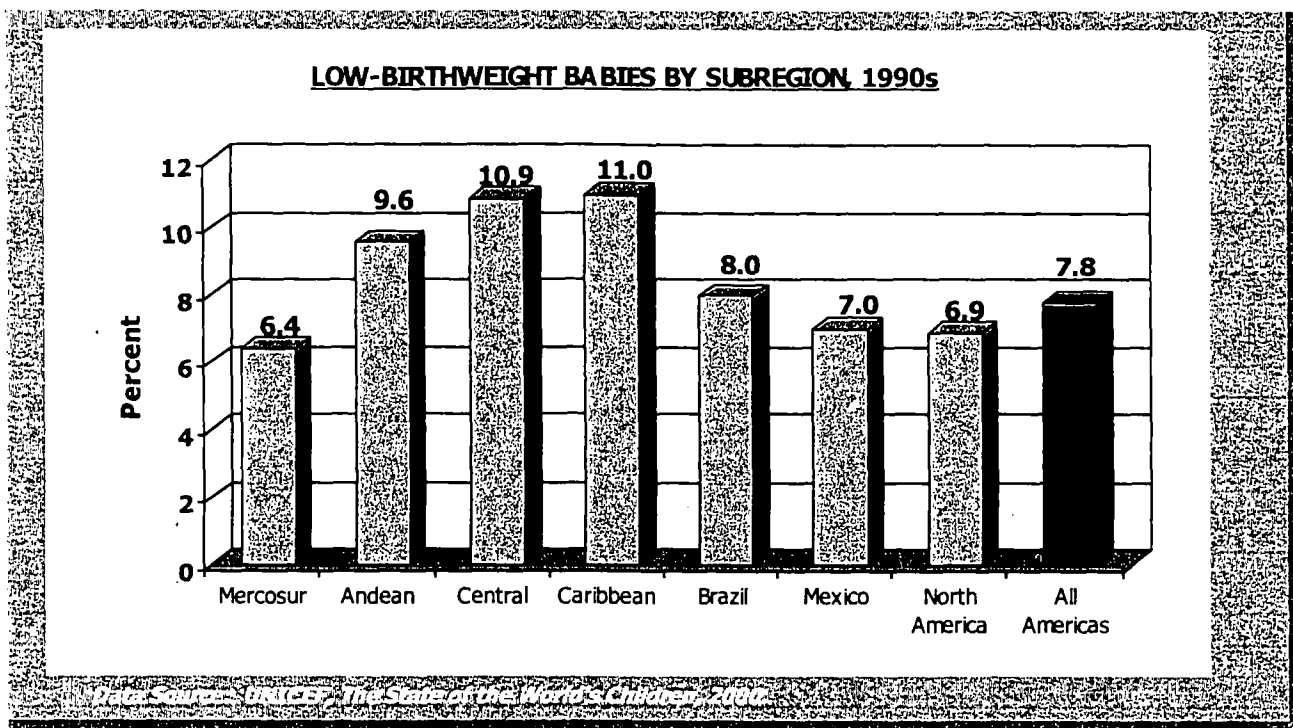
## Low Birthweight

### Goal

Reduce the rate of low birthweight (2.5 kg or less) to less than 10 percent.

### Definition

"Low birthweight" is measured by the percentage of infants weighing 2.5 kg or less at birth.



- On average, 8 percent of infants born in the Americas weigh less than 2.5 kilograms at birth. This meets the goal of less than 10 percent set at the Lima Accord.
- Five of the seven subregions – Mercosur (6.4 percent), Andean South America (9.6 percent), Brazil (8.0 percent), Mexico (7.0 percent) and North America (6.9 percent) – have achieved the goal, while Central America and the Caribbean are very close to meeting it.
- In the 24 countries of the region for which data are available for both the early and late 1990s, 16 countries succeeded in reducing low-weight births to less than 10 percent or were able to maintain them below that level.
- In Chile, Paraguay, Bolivia, and Belize, less than 5 percent of newborn babies weigh less than 2.5 kilograms.

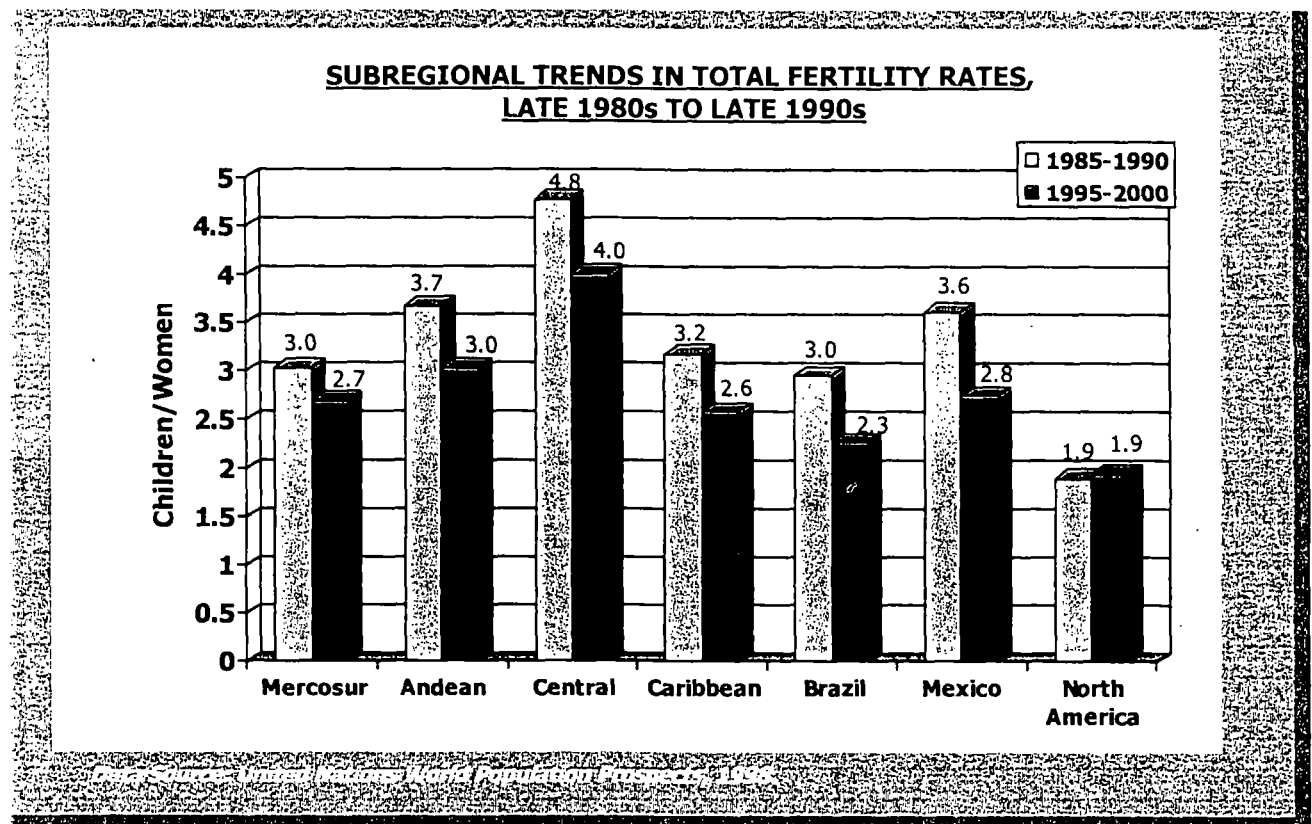
## Fertility

### Goal

Provide all couples with access to information, education, communication, and services to prevent pregnancies that are too early, too closely spaced, too late, or too numerous.

### Definition

The Total Fertility Rate (TFR) is an estimate of the number of children that would be born to a woman if she were to pass through her childbearing years bearing children according to the current schedule of age-specific fertility rates. The calculation, using current age-specific rates, is insensitive to likely changes in the future age-specific fertility patterns of the young as they get older. Therefore, drops in TFR in one decade may not be recognized in a ten-year period.



- Total fertility rates are lowest in the North America subregion followed by Brazil, the Caribbean, Mercosur, Mexico, Andean South America, and Central America.
- By country, the largest decreases occurred in Haiti, Trinidad and Tobago, Honduras, Belize, and Peru. TFRs decreased by more than 1 child per woman in each of these countries.
- When examined by subregion, Mexico experienced the greatest drop in TFR from the late 1980s to late 1990s, falling from 3.6 to 2.8. Brazil, Central America, Andean South America, and the Caribbean also reduced TFRs by more than 0.5 over the same time period.

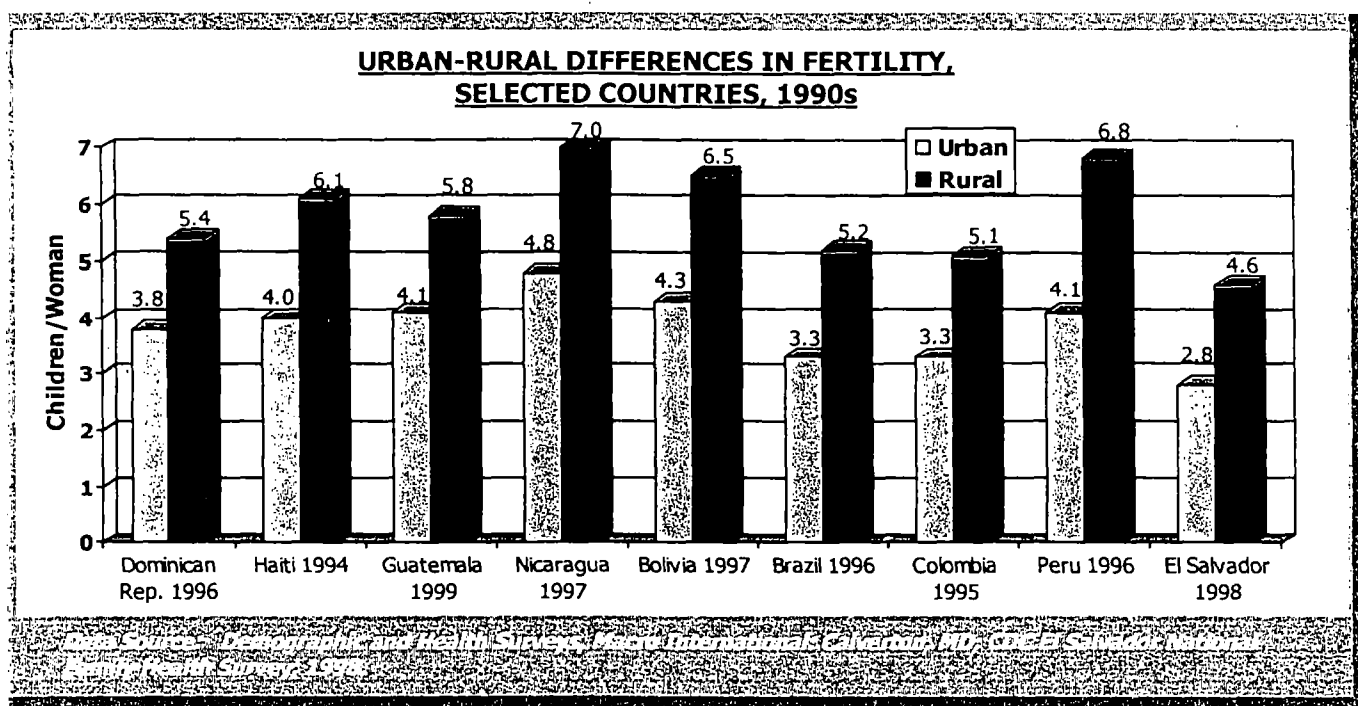
## Fertility

### Goal

Provide all couples with access to information, education, communication, and services to prevent pregnancies that are too early, too closely spaced, too late, or too numerous.

### Definition

The Total Fertility Rate (TFR) is an estimate of the number of children that would be born to a woman if she were to pass through her childbearing years bearing children according to the current schedule of age-specific fertility rates.



- The fertility burden is not equally distributed among women. The substantially higher fertility rates among rural women is demonstrated in each of the selected countries.
- Total fertility rates differ widely between rural and urban areas. In Peru, rural women have on average 2.7 more children than urban women.
- Despite the substantial decline in the TFR for the Central America subregion from 4.8 in the late 1980s to 4.0 in the late 1990s, large differences between urban and rural women remain. In Nicaragua and Guatemala, rural women have on average 2.2 and 1.7 more children, respectively, than their urban counterparts.

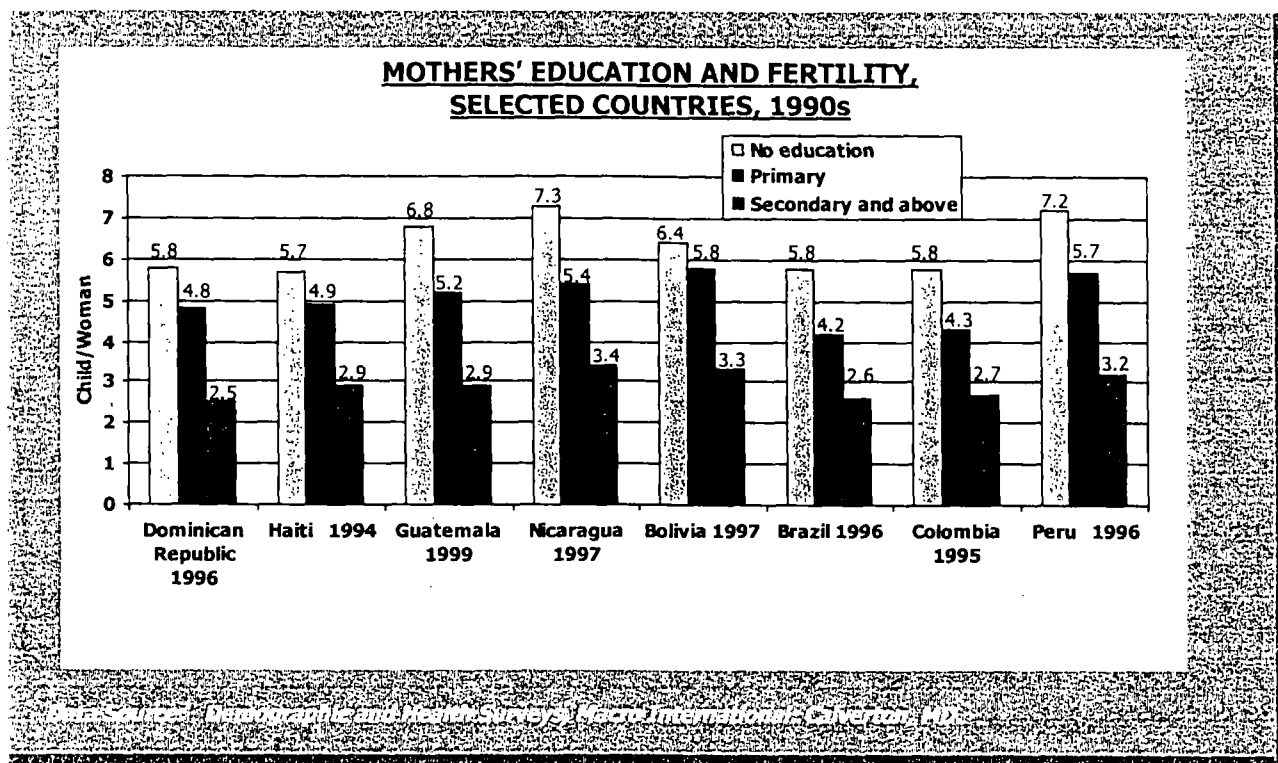
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### Goal

Provide all couples with access to information, education, communication, and services to prevent pregnancies that are too early, too closely spaced, too late, or too numerous.

### Definition

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- Education levels are inversely related to fertility – as women's educational attainment increases, fertility rates decrease.
- In the Dominican Republic, Guatemala, Nicaragua, Brazil, Colombia, and Peru, TFRs of women with secondary or higher education are half that of women with no education.
- The graph shows the substantial differences that exist between women with no education, women with primary education, and women with secondary education or higher. The difference between the TFRs of women with no education and women with primary education is greater than the difference between those of women with primary education and women with secondary education.

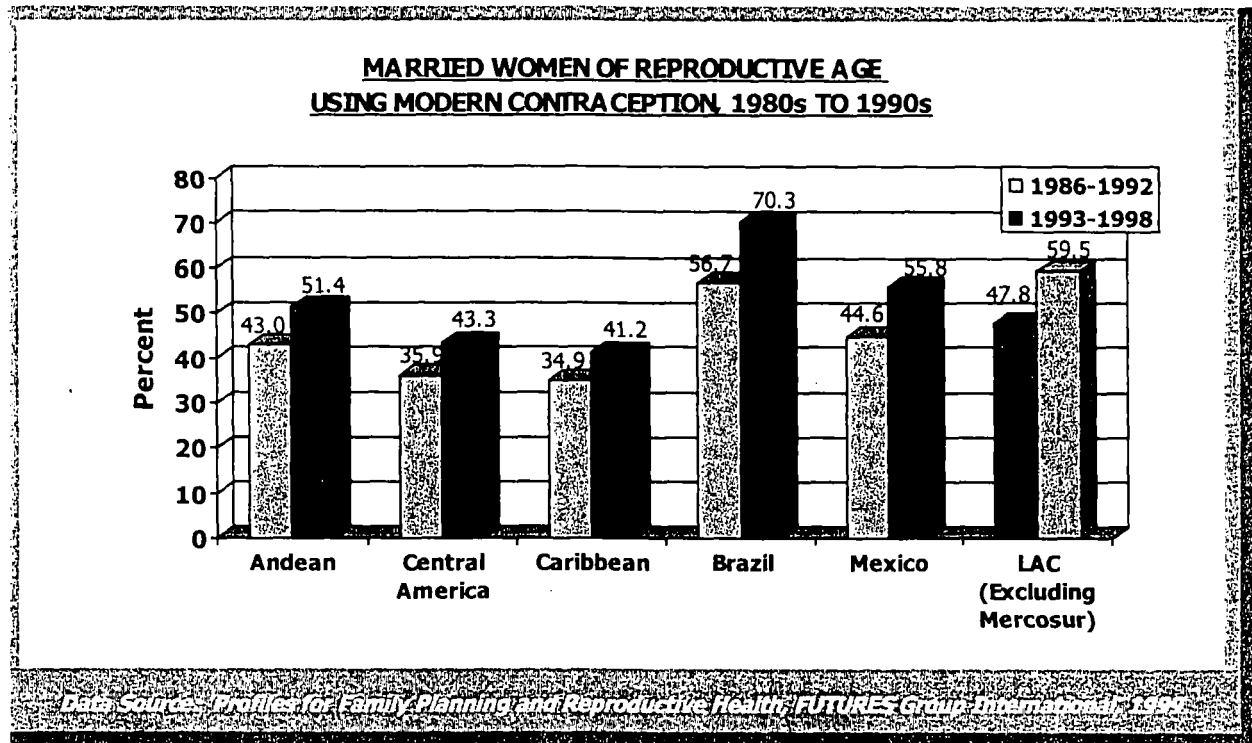
## Fertility

### Goal

Provide all couples with access to information, education, communication, and services to prevent pregnancies that are too early, too closely spaced, too late, or too numerous.

### Definition

The contraceptive prevalence rate is the percentage of married women ages 15 to 49 years who are (or whose partners are) currently using a form of modern contraception.



- Data on changes in contraceptive prevalence over time are limited for the Latin America/Caribbean region. The percentages of reproductive age women represented for each subregion are 79 percent for Andean South America, 100 percent for Central America, and 53 percent for the Caribbean.
- Each subregion shows patterns of increased use, with the regional average approaching 60 percent. The usage for specific countries has risen to substantial levels in Brazil (70 percent), Costa Rica (65 percent), Dominican Republic (59 percent), and Jamaica (61 percent). Haiti (14 percent) and Guatemala (27 percent) have much lower rates of modern contraceptive use, but slow improvement is being made in all countries.

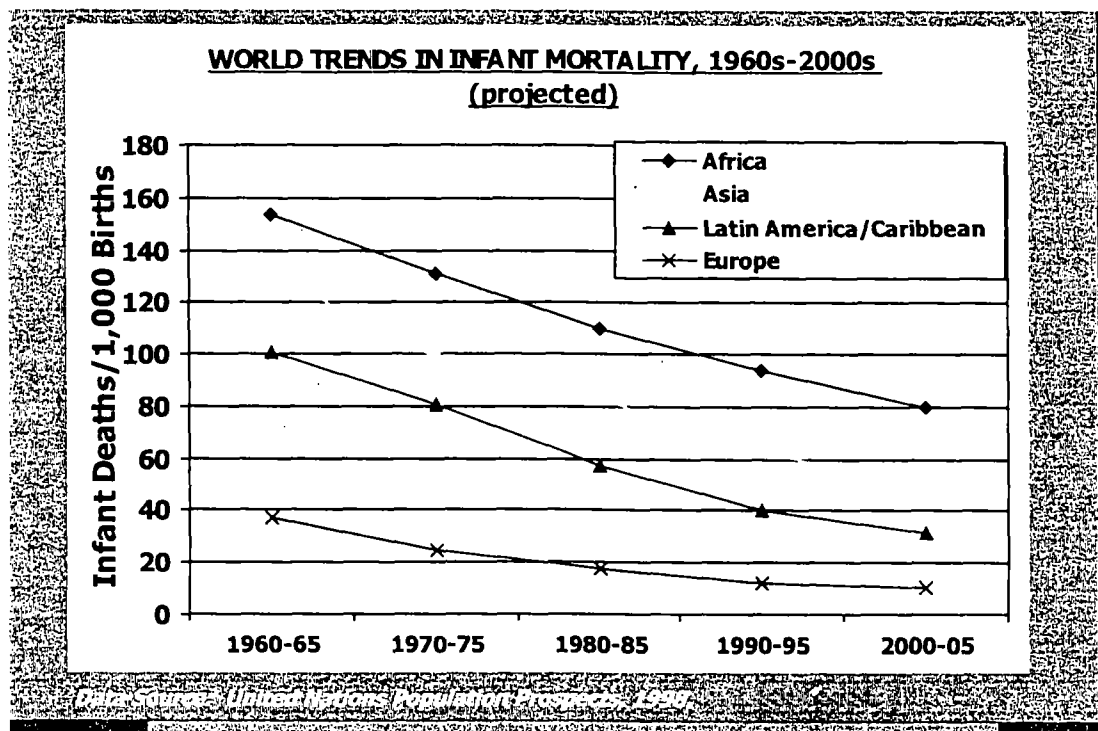
## Infant Mortality

### Goal

Reducing infant and under-five child mortality by one-third or to 50 and 70 per 1,000 live births, respectively, whichever is lower.

### Definition

The infant mortality rate is the number of deaths among children before their first birthday in a given year per 1,000 live births in that same year. The infant mortality rate reflects the results of child survival interventions such as safe deliveries and proper postnatal care.



| YEAR    | Infant Deaths/1,000 Births |       |                             |        |
|---------|----------------------------|-------|-----------------------------|--------|
|         | Africa                     | Asia  | Latin America/<br>Caribbean | Europe |
| 1960-65 | 153.5                      | 131.5 | 100.8                       | 37     |
| 1970-75 | 131.1                      | 98.4  | 80.8                        | 24.8   |
| 1980-85 | 110.4                      | 83    | 57.3                        | 18     |
| 1990-95 | 93.6                       | 63.1  | 40.1                        | 12.5   |
| 2000-05 | 79.7                       | 50    | 31.9                        | 10.9   |

➤ Of the four regions shown here, Latin America and the Caribbean has the second lowest rate of infant mortality. If current trends continue, the infant mortality rate should approximate that of Europe in the near future.

➤ Africa continues to have the highest infant mortality rate. The gap between Africa and the developing regions of Asia and Latin America/Caribbean has increased or held steady over time.

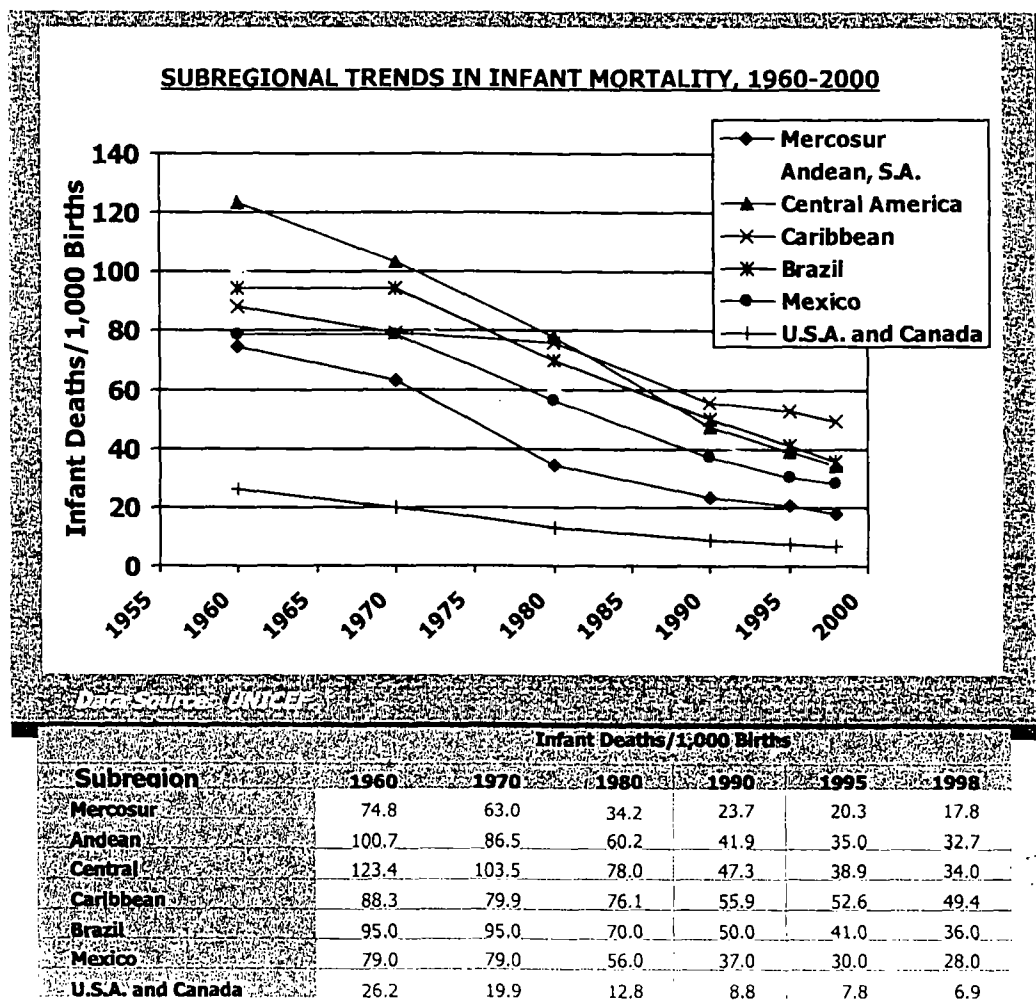
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### Definition

The infant mortality rate is the number of deaths among children before their first birthday in a given year per 1,000 live births in that same year. The infant mortality rate reflects the results of child survival interventions such as safe deliveries and proper postnatal care.



- Infant mortality rates have fallen in all countries of the Americas.
- Central America has seen the sharpest drop in infant mortality rates over the last 40 years.
- The Caribbean subregion has made the slowest progress in reducing infant mortality rates.
- All mainland American countries and large Caribbean countries reported infant mortality rates. As of 1998, four countries with data achieved the goals of the World Summit for Children. By 1998, seven countries had achieved a 25 percent decrease in infant mortality rates.
- Chile, Cuba, El Salvador, and Guatemala had the largest declines in infant mortality.

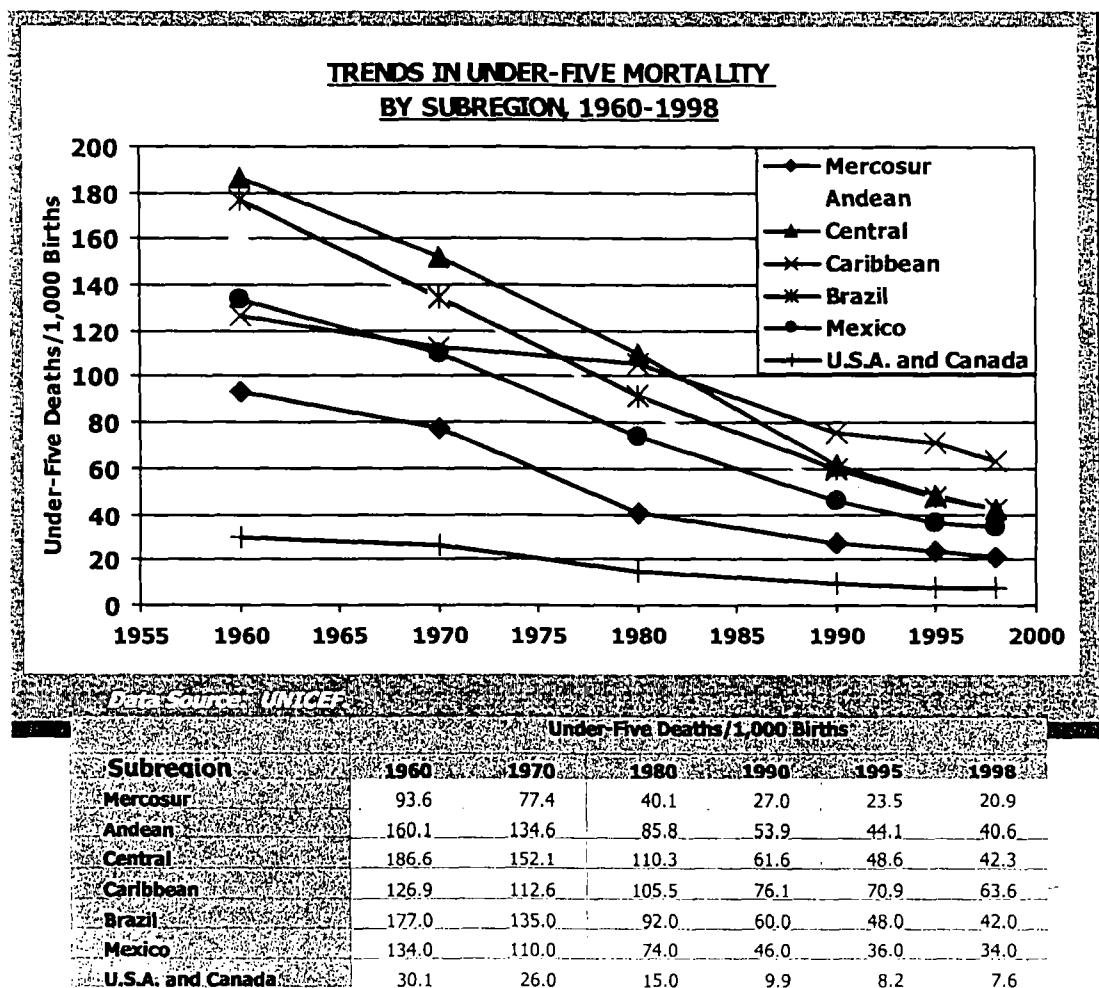
## Under-Five Mortality

### Goal

Reducing infant and under-five child mortality by one-third or to 50 and 70 per 1,000 live births, respectively, whichever is lower.

### Definition

The under-five mortality rate is the number of deaths among children under age 5 in a given year per 1,000 live births in that same year. The reduction of under-five mortality reflects the results of child survival interventions such as safe deliveries, proper postnatal care, and comprehensive immunization programs.



- Over the last 40 years, the subregions with historically high under-five mortality, such as Central America, Brazil, and Andean South America, have been able to reduce it by as much 75 percent.
- In the 1990s, all subregions in the Americas continued to reduce under-five mortality. The United States and Canada and the Mercosur subregion continued to have the lowest levels.

- Cuba, Chile, El Salvador, and Guatemala attained the goals set forth in the World Summit for Children.
- Bolivia, Brazil, Honduras, Jamaica, Mexico, Nicaragua, and Peru made great strides toward the goal by reducing under-five mortality by more than 25 percent.

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**Figure 12**

## Under-Five Mortality

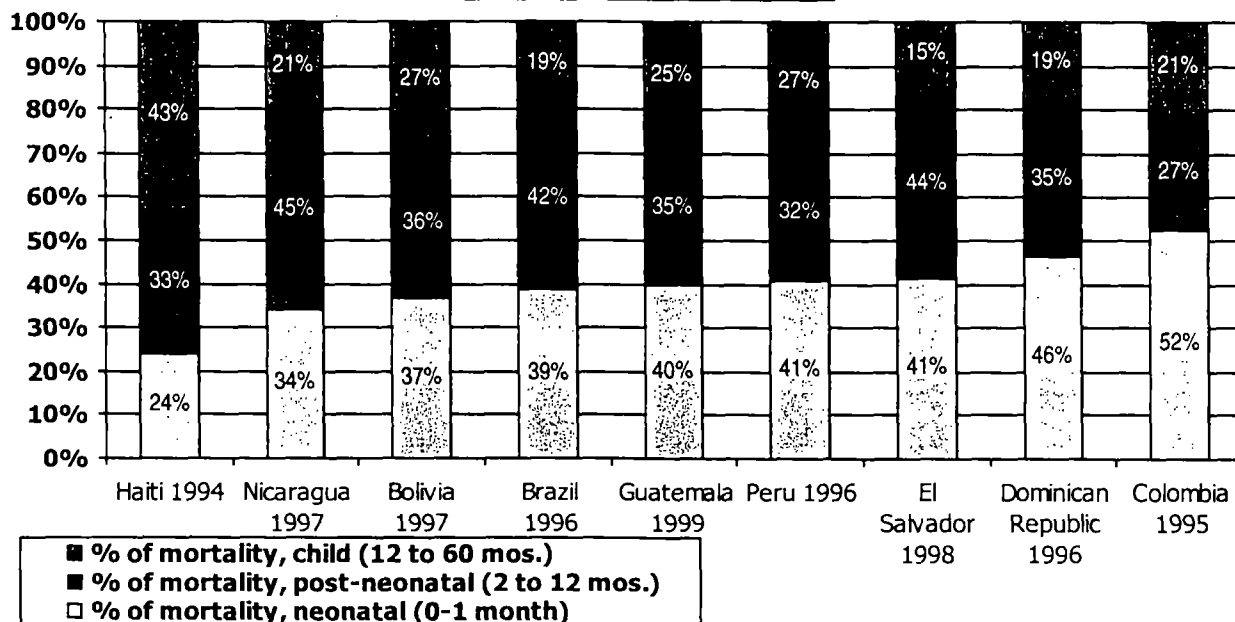
### Goal

Reducing infant and under-five child mortality by one-third or to 50 and 70 per 1,000 live births, respectively, whichever is lower.

### Definition

The under-five mortality rate is the number of deaths among children under age 5 in a given year per 1,000 live births in that same year. Components of under-five mortality include neonatal mortality (0 to 30 days), post-neonatal mortality (0 to 11 months), and child mortality (1 to 5 years). Examining under-five mortality by the proportions of these components can reveal useful information about the distribution and effectiveness of interventions. Certain interventions have more effect on one mortality component than another, and knowing the relationships among components can help direct resources to achieve greater reductions in under-five mortality.

**NEONATAL, POST-NEONATAL, AND CHILD MORTALITY,  
SELECTED COUNTRIES, 1990s**



- Neo-natal mortality is greater as a percentage of total under-five mortality as under-five mortality decreases. Conversely, child mortality (i.e., mortality between 1 and 5 years) accounts for a higher percent of mortality in the higher mortality countries.
- Among these countries, the contribution made by neonatal mortality to the whole varies considerably, from 22 percent in Haiti to about 50 percent in Colombia. This suggests that further reductions in under-five mortality in Colombia, and perhaps also in the Dominican Republic, might be realized by directing more resources toward maternal and neonatal health.
- There is a similarly wide variation in the proportion of under-five mortality represented by child mortality (ages 1 through 5). Haiti has by far the highest proportion at about 43 percent. This suggests that increased emphasis on interventions like immunization and diarrheal disease control would help reduce under-five mortality in Haiti.
- In Nicaragua, the largest proportion of early childhood deaths appears to occur between the ages of 2 months and 12 months. Perhaps more emphasis is needed on nutritional interventions like breastfeeding.

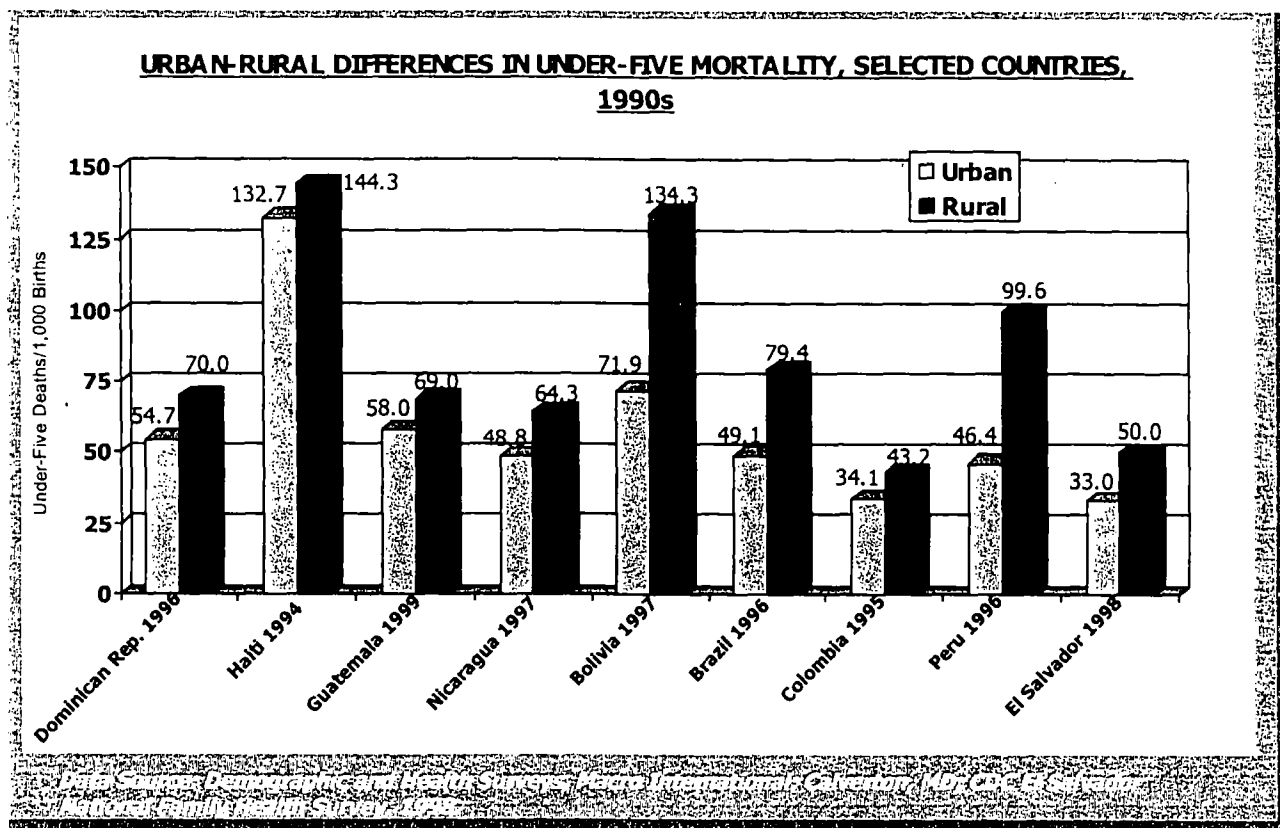
## Under-Five Mortality

### Goal

Reducing infant and under-five child mortality by one-third or to 50 and 70 per 1,000 live births, respectively, whichever is lower.

### Definition

The under-five mortality rate is the number of deaths among children under age 5 in a given year per 1,000 live births in that same year. High-quality health care services are often concentrated in urban areas where political and economic elites live. The increased availability of services may be reflected in relatively low mortality rates.



- Rural under-five mortality rates exceed urban rates by at least 10 deaths per 1,000 live births in every country except Colombia.
- The urban under-five mortality rate in Peru is less than half the rate in rural areas.
- Haiti, Bolivia, and Colombia are contrasting cases. Haiti, with high mortality, has very little urban-rural disparity. Bolivia has achieved great reductions in under-five mortality but has a large urban-rural disparity. Colombia, with a relatively low under-five mortality rate, also has the lowest disparity among the countries shown.

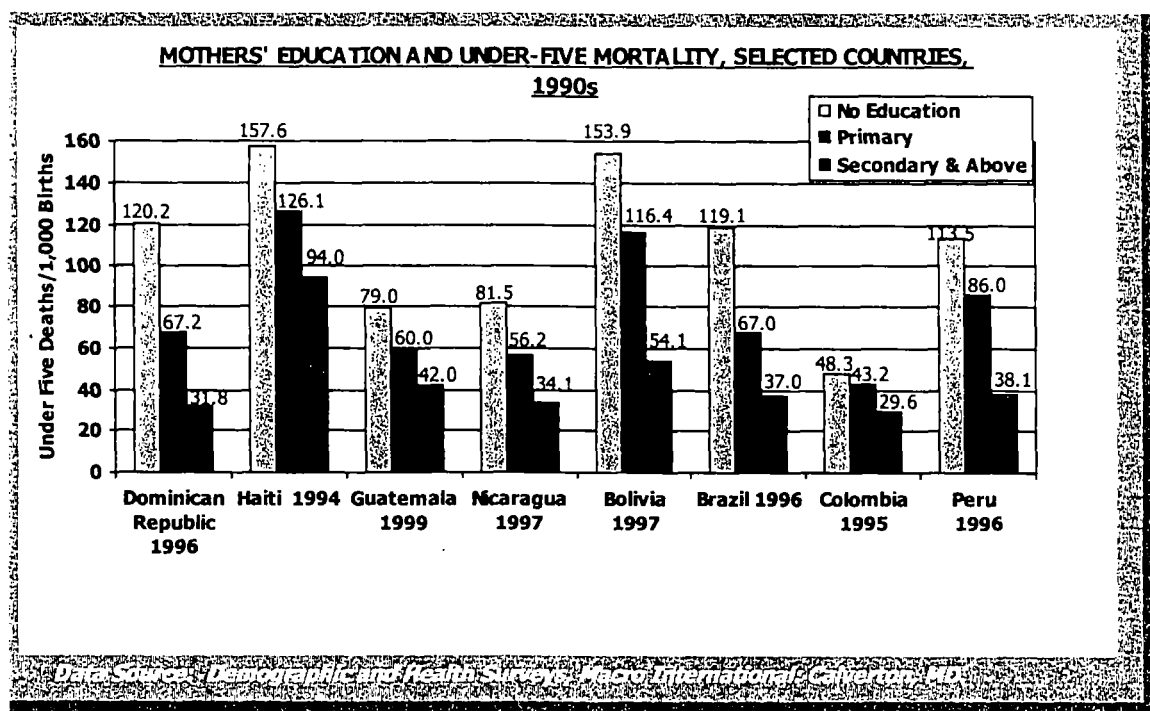
## Under-Five Mortality

### Goal

Reducing infant and under-five child mortality by one-third or to 50 and 70 per 1,000 live births, respectively, whichever is lower.

### Definition

The under-five mortality rate is the number of deaths among children under age 5 in a given year per 1,000 live births in that same year. Higher levels of education may be associated with lower levels of under-five mortality for several reasons. First, women with more education may have more access to high-quality medical services. Second, school curricula often include health components. Third, better-educated women may be more receptive to public health messages.



- In most countries in the region, the children of well-educated women have relatively high survival rates.
- The differences in under-five mortality rates between well-educated women and women with no education can be as great as 90 deaths per 1,000 live births.
- The difference in under-five mortality between well-educated women and women with no schooling is large, except in Colombia. The largest differences are in the countries with moderate (50 to 100) under-five mortality rates.

## Under-Five Mortality

### Goal

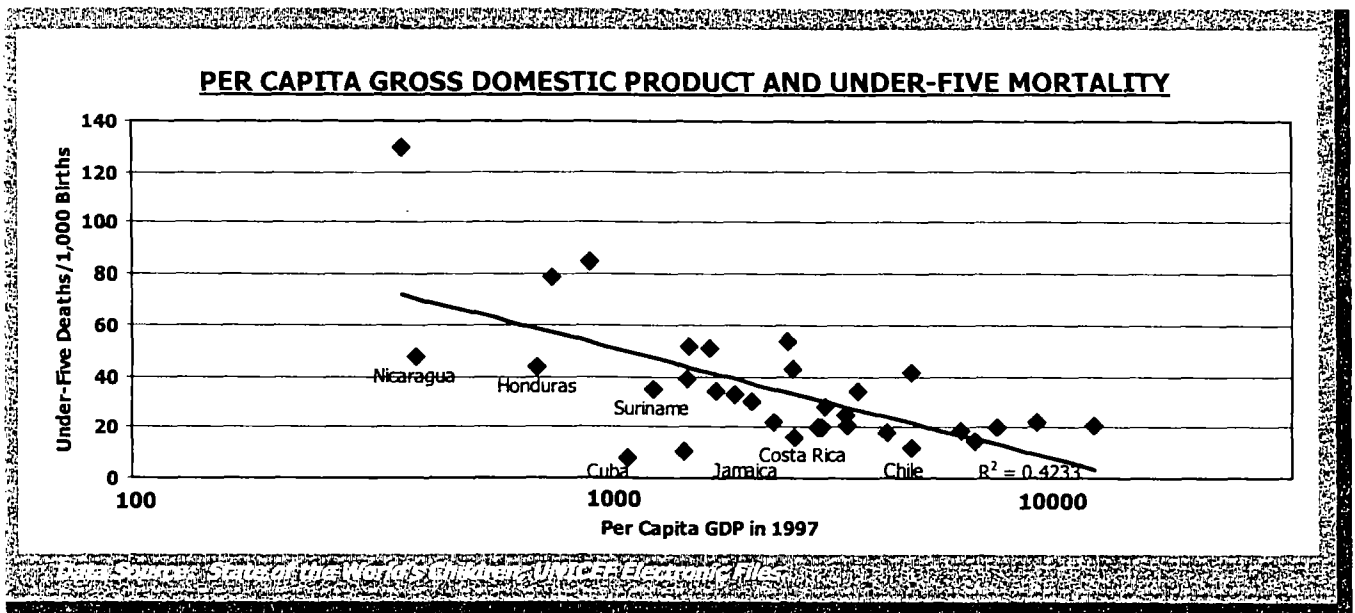
Reducing under-five mortality by one-third or to 70 per 1,000 live births, whichever is less.

### Definition

The under-five mortality rate is the number of deaths among children under age 5 in a given year per 1,000 live births in that same year.

Per capita Gross Domestic Product (GDP) is the gross domestic product of a country divided by the number of people in a country.

Development is a nexus of many interrelated factors. In general, wealthy countries perform better than poor countries on almost all development indicators. Greater wealth can finance better health services leading to better maternity care and better well-baby care. At low levels of per capita GDP, relatively small increases in income are associated with great increases in health care. The chart below presents gross domestic product on a logged scale to present this fact.



- In general, countries with higher per capita GDP have lower under-five mortality. However, the influence of increased per capita GDP decreases with higher per capita GDP, as indicated by the log scale.
- The trendline indicates that about 42 percent of the differences in under-five mortality is correlated with per capita GDP. The correlation shown here does not imply causality, only that countries with higher per capita GDP often have lower under-five mortality rates.
- Several countries lie far below the trendline, indicating that it is possible, as in Cuba and Jamaica, to achieve decreases in under-five mortality without large increases in per capita GDP.

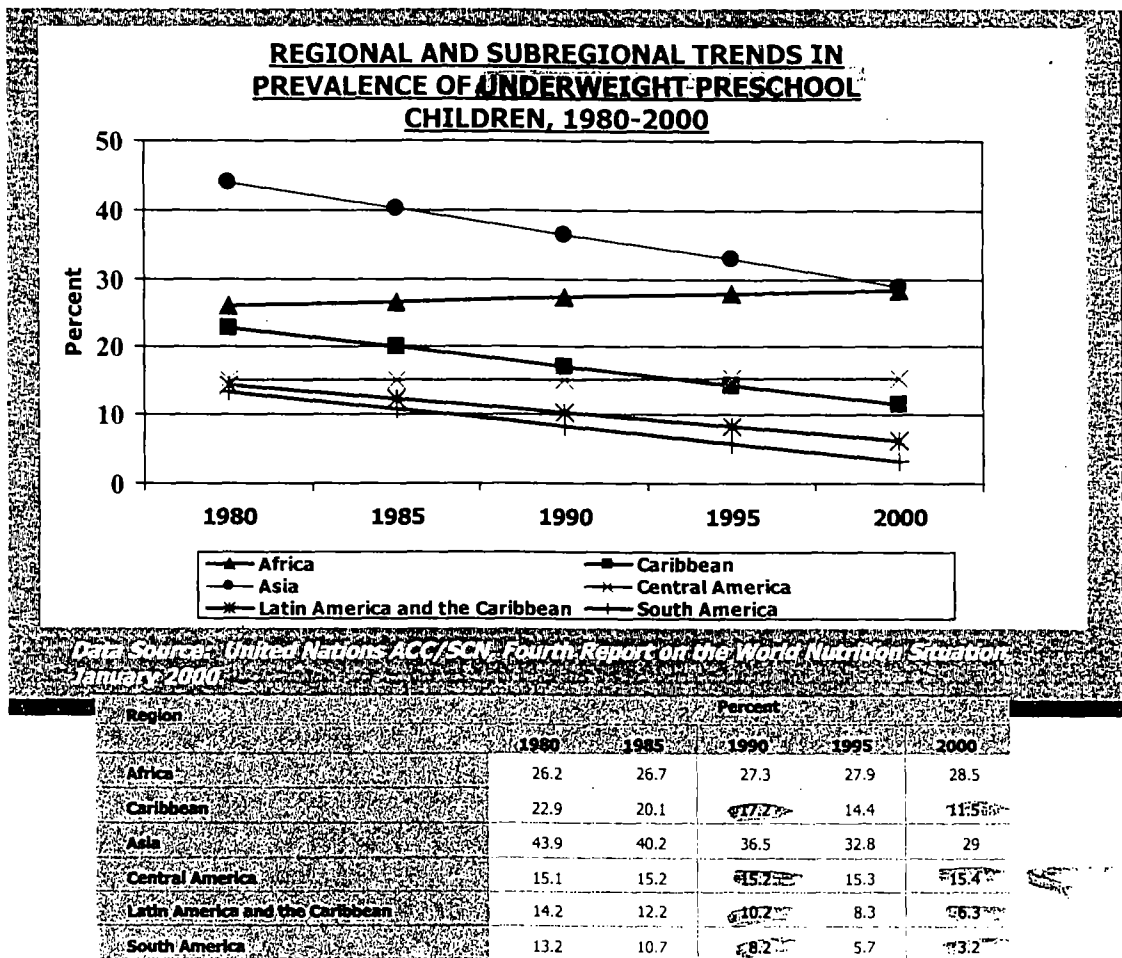
## Diet and Nutrition: Malnutrition (Weight for Age)

### Goal

Reducing by half severe and moderate malnutrition among children under 5.

### Definition

One estimate of malnutrition is the percentage of children under age 5 whose weight for age is two or more standard deviations below the median of a reference population. Weight-for-age is commonly used in clinical settings for continuous assessment of nutritional progress and growth.



➤ The prevalence of underweight preschool children has decreased in all developing regions of the world except Africa since 1980. The Latin American and Caribbean region currently has the lowest prevalence of all developing regions.

➤ Within Latin America and the Caribbean, South America will be the only subregion to reach the 2000 goal of reducing underweight levels by half since 1990. The subregion had an underweight prevalence of 8.2 percent in 1990, and an estimated prevalence of 3.2 percent in 2000.

➤ The Caribbean subregion has also been successful in reducing underweight prevalence in the last decade. In 1990, the prevalence of underweight preschoolers was 17.2 percent. By 2000, the prevalence is estimated at 11.5 percent.

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Figure 17

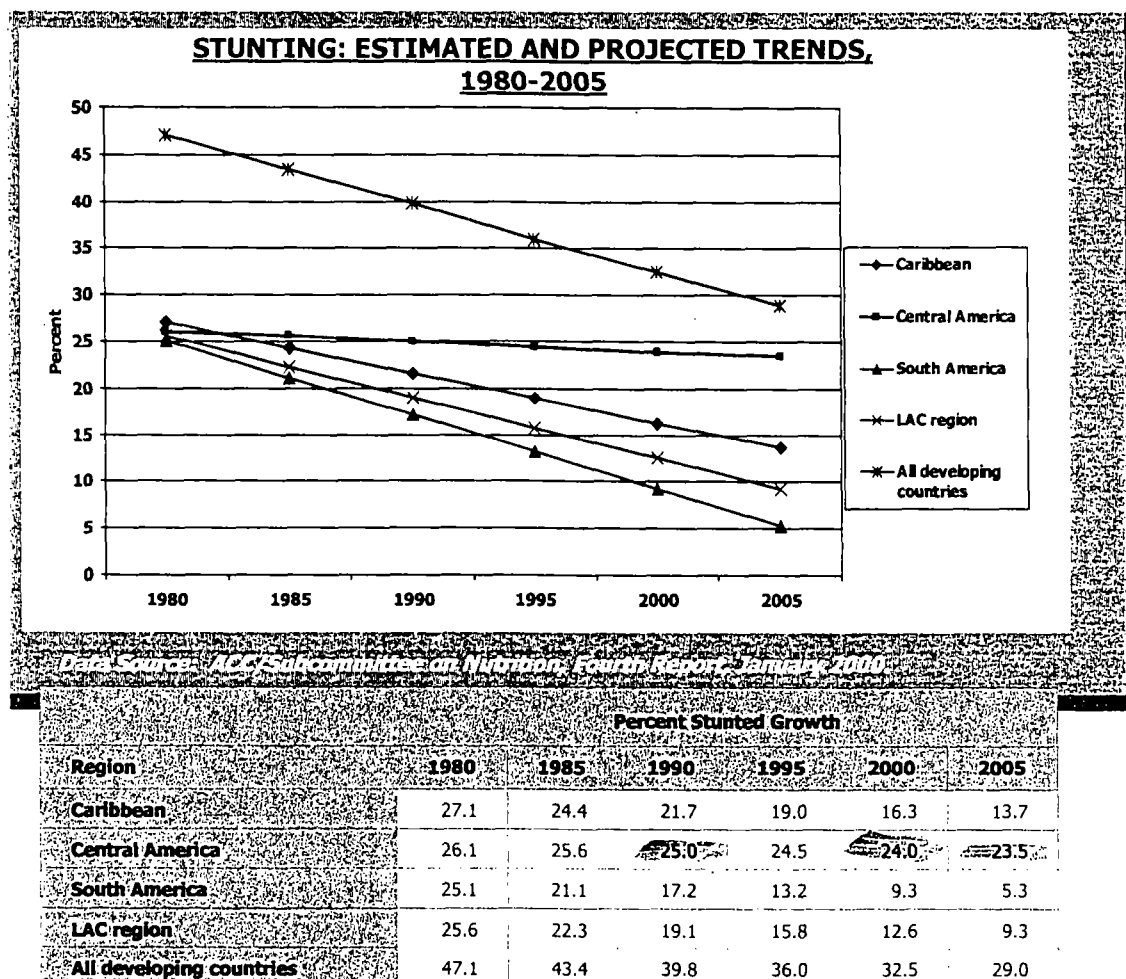
## Diet and Nutrition: Malnutrition (Stunting)

### Goal

Reducing by half severe and moderate malnutrition among children under 5.

### Definition

Stunting is measured by estimating the percentage of the population 6 months to 59 months old with a height-to-age (H/A) ratio of more than two standard deviation units below the reference population. The H/A index reflects chronic malnutrition or past nutritional history, not current nutritional status.



- Globally, there has been a marked decline in the prevalence of stunting, from 47.1 percent in 1980 to 32.5 percent at present.
- The Latin America and Caribbean region has had a lower prevalence of stunting than other developing countries since the 1980s. Latin America and the Caribbean have continued to achieve substantial improvements in this area in the past 20 years. The regional prevalence today is 12.6 percent, although disparities persist between rural and urban populations and by levels of education.
- South America has had great success in reducing chronic malnutrition. Projections suggest that stunting can be virtually eliminated in South America by 2005.
- Central America has achieved the least progress over the past two decades. Its current prevalence rate of stunting (24 percent) is similar to that of developing countries in other regions of the world.

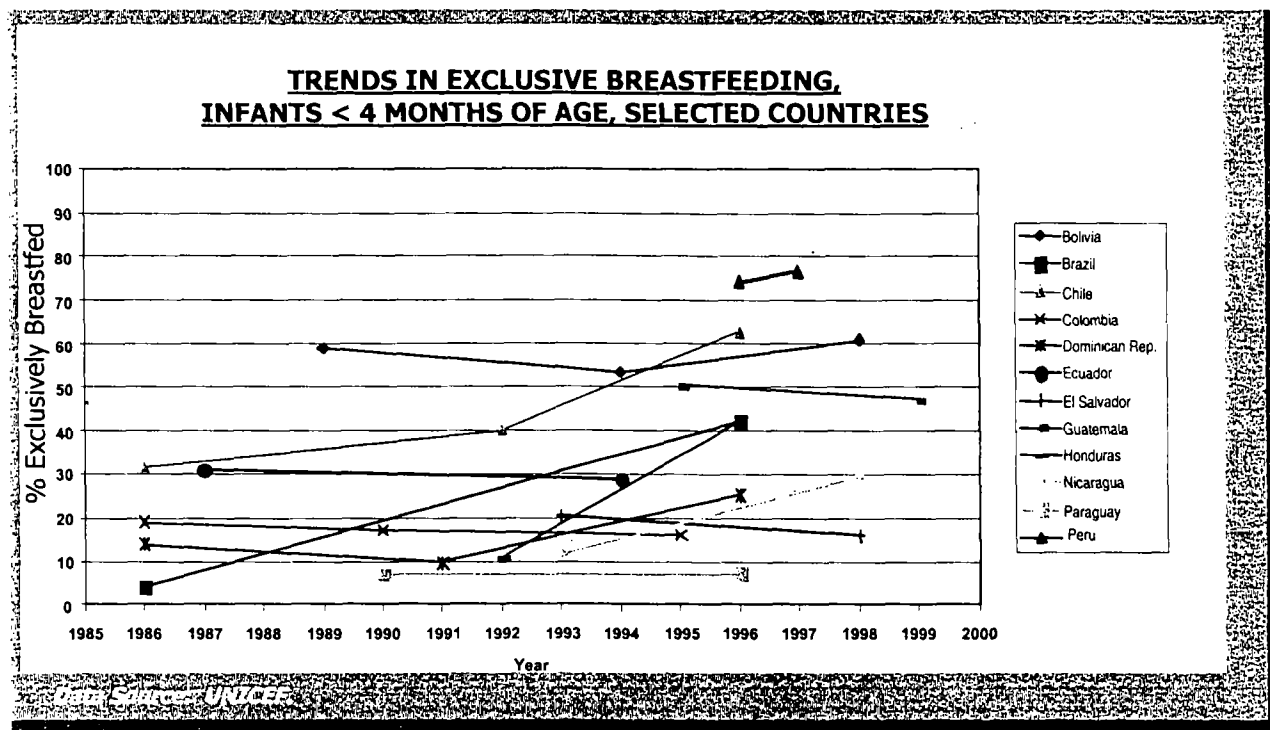
## Diet and Nutrition: Exclusive Breastfeeding

### Goal

Ensure exclusive breastfeeding during the first six months of life and continue breastfeeding, along with complementary food, up to the second year.

### Definition

The proportion of infants less than 4 months of age who receive no foods or liquids other than breast milk. Breast milk contains all the nutrients an infant requires along with maternal antibodies to help build the infant's immune system and prevent illness and death. It is important to initiate breastfeeding immediately after delivery and continue exclusive breastfeeding for six months.



- Data from Latin America and the Caribbean on exclusive breastfeeding are limited. Only 12 countries, comprising 38 percent of the regional population, are represented in the data presented here.
- Exclusive breastfeeding varies considerably throughout the region. Levels in Chile, Peru, and Bolivia exceed 60 percent, while in Paraguay, Colombia, and El Salvador, levels remain below 20 percent.
- Over the last decade, exclusive breastfeeding has increased in five countries (Brazil, Dominican Republic, Honduras, Nicaragua, and Peru) and decreased in one country (El Salvador). There was virtually no change in the remaining countries.
- The Latin America and Caribbean region ranks fourth out of the five developing regions. East Asia and the Pacific has the highest exclusive breastfeeding percentage (59 percent), followed by South Asia (45 percent), Middle East and North Africa (41 percent), Latin America and the Caribbean (39 percent), and Africa (31 percent).

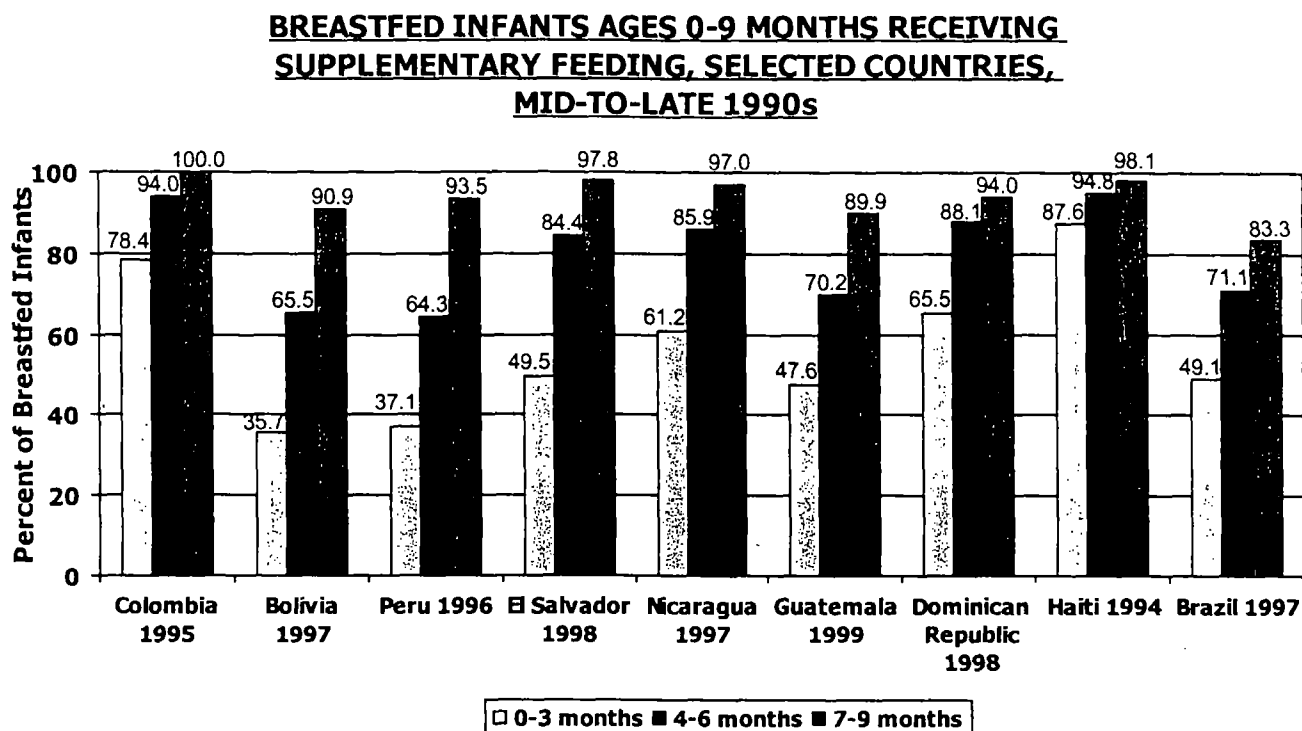
## Diet and Nutrition: Supplementary Feeding

### Goal

Reduce by half severe and moderate malnutrition among children under 5.

### Definition

"Breastfed infants receiving supplementary feeding" are infants ages 0 to 9 months who, while still being breastfed, receive other liquids (excluding water) and/or foods, including other milks, grains, tubers, and meats. In order to achieve adequate growth and reduce the risk of morbidity due to some infectious diseases, it is recommended that infants exclusively breastfeed in the first 0-6 months, and continue beyond that period with appropriate complementary foods.



➤ Data from Latin America and the Caribbean on supplementary feeding are limited. Only nine countries, comprising 56 percent of the region's infant population, are represented in the data presented here.

➤ Theoretically, **initiation** of complementary foods should begin at 6 months of age. Bolivia and Peru come closest to this ideal, although even in these countries two-thirds of breastfed 6-month-olds have already begun receiving other foods. In other countries, the proportions of 6-month-olds already receiving supplementary feedings are much higher.

➤ Haiti (87.6 percent) and Colombia (78.4 percent) have the highest rates of supplementary feeding of infants less than 3 months old. Introducing supplementary feeding during the first six months puts infants at increased risk of infection. It should be noted that "complementary foods" before 4 months of age tend to be other types of milk, with semisolid foods being introduced when infants are between 4 and 6 months old.

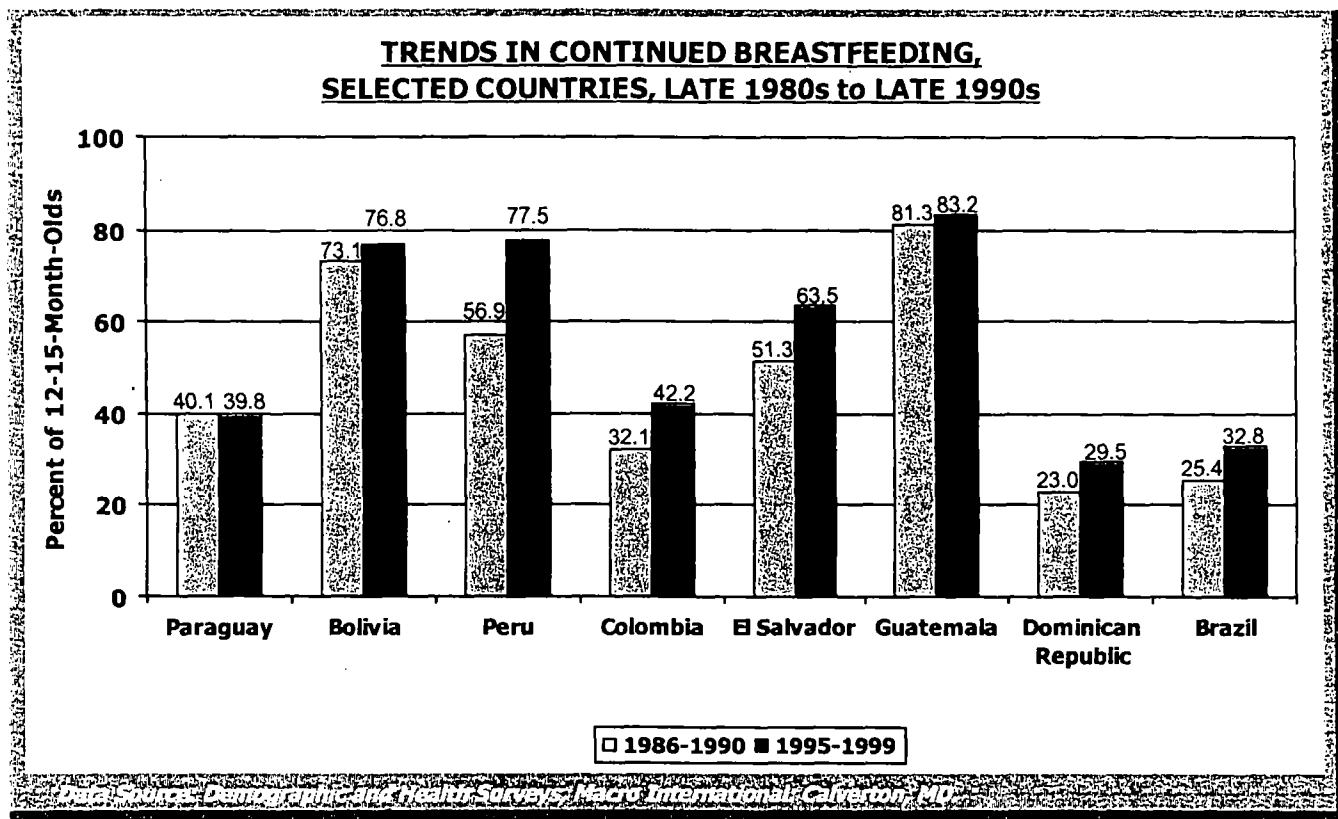
## Diet and Nutrition: Continued Breastfeeding

### Goal

Reduce by half severe and moderate malnutrition among children under 5.

### Definition

"Continued breastfeeding" is measured as the percentage of children, ages 12 months to 15 months, receiving breast milk. These children are no longer exclusively breastfed and should be receiving adequate nutritional weaning foods to ensure proper growth and development.



- Data from Latin America and the Caribbean on continued breastfeeding are limited. Only eight countries, comprising 54 percent of the regional infant population, are represented in the data presented here.
- Regional UNICEF data for the 1990s reflect that 46.4 percent of 12- to 15-month-old children in Latin America and the Caribbean continue to receive breast milk, with rates varying from 32.8 percent in Brazil to 83.2 percent in Guatemala.
- With the exception of Paraguay (where a slight decrease occurred), each of the countries shown had an increase in the rate of continued breastfeeding from the 1980s to the 1990s. Peru experienced the largest increase, improving from 56.9 percent to 77.5 percent.
- World comparisons of 1990s' data show that the rate of continued breastfeeding in the Latin America/Caribbean region (46.4 percent) is considerably lower than the rates in Africa (88%), South Asia (88%), and the Middle East and North Africa (53%).

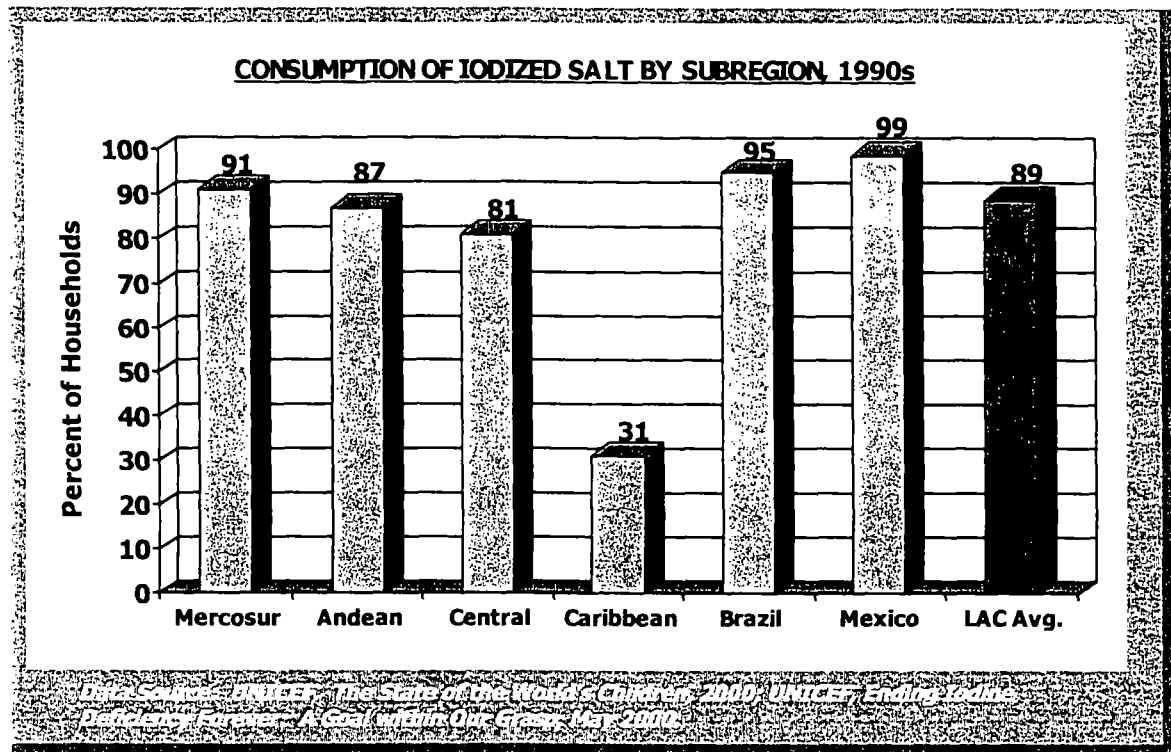
## Diet and Nutrition: Iodized Salt

### Goal

Promote the 100 percent iodizing of salt for human and animal consumption and increase to 90 percent or higher the proportion of families that consume properly iodized salt, including the inhabitants of rural areas, in particular in endemic regions.

### Definition

Iodized salt consumption is measured by the percentage of households consuming iodized salt. Iodine is an essential micronutrient important in the prevention of mental and physical disorders in both children and adults.



- The region as a whole is closing in on its goal of 90 percent iodized salt consumption by 2000. In the 21 countries for which data are available, 89 percent of households consume iodized salt.
- The levels of iodized salt consumption in Mexico (99 percent), Brazil (95 percent), and Mercosur (91 percent) have exceeded the goal. Andean South America and Central America, at 87 percent and 81 percent respectively, are approaching the goal.
- Despite the relatively low use of iodized salt in the Caribbean subregion, a few Caribbean countries have very high rates of use. In Jamaica, for example, 100 percent of households consume iodized salt.
- Over 410 million people live in the 12 countries where iodized salt consumption levels reach 90 percent.
- In spite of the gains made in this area, 65 million people in the region still are not consuming iodized salt.

## Diet and Nutrition: Vitamin A Deficiency

### Goal

Reduce by half severe and moderate malnutrition among children under 5, including micronutrient deficiencies in iron, vitamin A, and iodine.

### Definition

Vitamin A deficiency (VAD) is diagnosed clinically as a series of progressive symptoms of ocular/functional indicators (night blindness, corneal xerosis/ulceration, and corneal scars). Biochemical indicators, such as serum retinol  $<0.70\mu\text{mol/L}$ , are present before clinical indicators appear and can be used to describe the prevalence of VAD in the population.

#### PREVALENCE OF VITAMIN A DEFICIENCY, 1985-1995

| LAC Subregions     | Clinical VAD |      | Subclinical VAD |      |
|--------------------|--------------|------|-----------------|------|
|                    | 1985         | 1995 | 1985            | 1995 |
| Mercosur           |              |      |                 |      |
| Chile              | 0.1          | 0.1  | 6.4             | 5.8  |
| Paraguay           | 0.2          | 0.2  | 9.3             | 7.5  |
| Uruguay            | 0.2          | 0.1  | 7.5             | 6.2  |
| Bolivia            | 0.9          | 0.4  | 19.7            | 12.3 |
| Colombia           | 0.2          | 0.2  | 8.4             | 7.9  |
| Ecuador            | 0.4          | 0.3  | 12.2            | 9.8  |
| Peru               | 0.5          | 0.3  | 13.9            | 10.7 |
| Venezuela          | 0.2          | 0.1  | 7.7             | 6.9  |
| Costa Rica         | 0.1          | 0.1  | 6.2             | 5.7  |
| El Salvador        | 0.5          | 0.2  | 13.7            | 8.8  |
| Guatemala          | 0.5          | 0.3  | 14.3            | 10.0 |
| Honduras           | 0.4          | 0.2  | 12.4            | 8.7  |
| Nicaragua          | 0.5          | 0.2  | 14.4            | 9.4  |
| Panama             | 0.2          | 0.1  | 7.4             | 6.6  |
| Cuba               | 0.1          | 0.1  | 6.2             | 5.8  |
| Dominican Republic | 0.4          | 0.2  | 12.4            | 8.3  |
| Haiti              | 1.2          | 0.7  | 22.5            | 16.5 |
| Jamaica            | 0.1          | 0.1  | 6.6             | 6.0  |
| Brazil             | 0.4          | 0.3  | 11.9            | 9.9  |
| Mexico             | 0.3          | 0.2  | 9.7             | 8.0  |

Source: Progress in Controlling Vitamin A Deficiency, Micronutrient Initiative, UNICEF, Tulane University.

- Subclinical blood serum retinol levels of  $<0.70\mu\text{mol/L}$  in greater than 5 percent of the population constitutes a public health problem.
- Data from Latin America and the Caribbean on vitamin A are limited. However, the urgency of rapidly reducing VAD has been dramatized by intervention trials indicating that improving vitamin A status in regions of high VAD can substantially help reduce mortality rates.
- Trends in subclinical VAD in Latin America and the Caribbean show a reduction in the overall prevalence of low serum retinol.
- VAD in the Mercosur subregion seems to be of less public health significance than in the other Latin America and Caribbean regions. However, improvement rates tend to be lower in low prevalence regions, and reducing prevalence rates to below 5 percent may take up to 20 years.

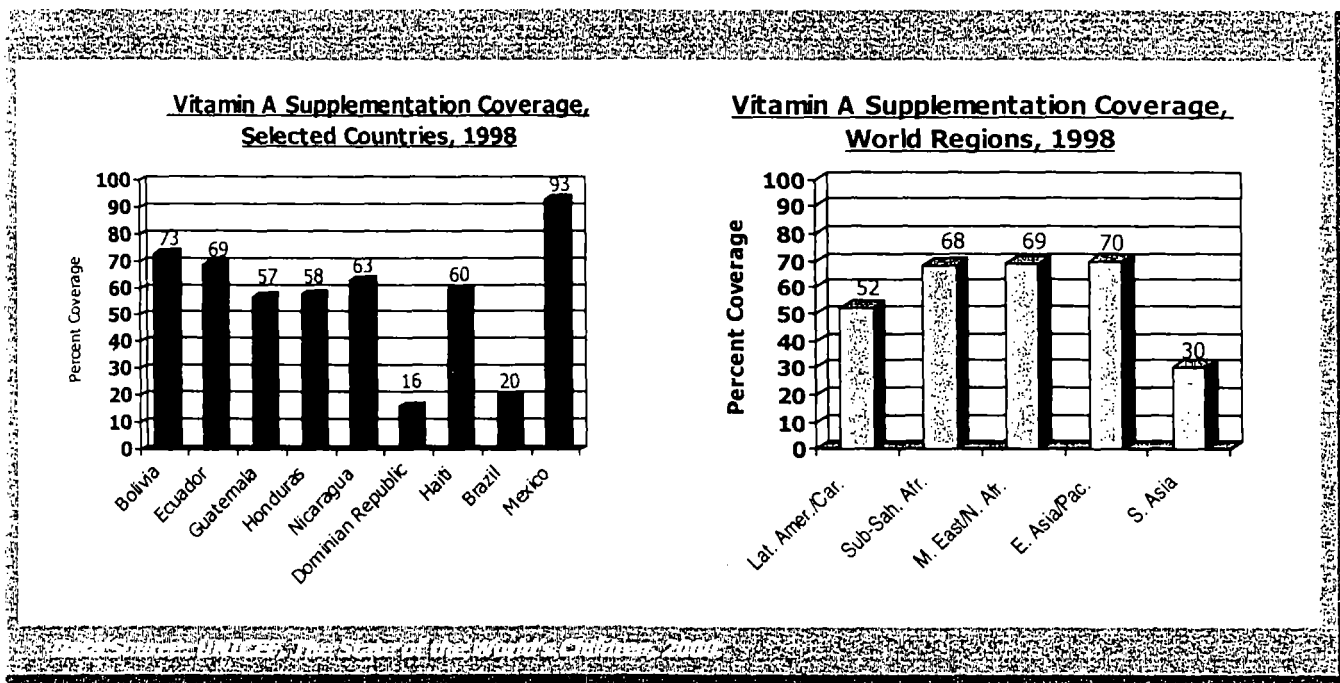
## Diet and Nutrition: Vitamin A Supplementation

### Goal

Reduce by half severe and moderate malnutrition among children under 5, including micronutrient deficiencies in iron, vitamin A, and iodine.

### Definition

Vitamin A supplementation coverage is the percentage of children age 6 months to 59 months who have received a high-dose vitamin A capsule in the past six months. In areas where vitamin A deficiency (VAD) is endemic, high-dose vitamin A can be administered to children between 6 and 9 months of age at the time of routine immunizations, or mothers can be provided a single large dose of vitamin A within the first four weeks after birth to increase the amount of vitamin A in breast milk. Supplements can also be given to children between the ages of 1 and 5 years.



- More than one-half of children under age 5 in VAD-affected countries in Latin America and the Caribbean received vitamin A supplementation doses in 1998.
- In 1998, the coverage rate for vitamin A supplementation in Latin America and Caribbean region was lower than the rates in sub-Saharan Africa, the Middle East and Northern Africa, and East Asia and the Pacific. However, the magnitude of the problem in Latin American and the Caribbean is much smaller – 24 percent clinical prevalence in 1995, compared to a global prevalence of 63 percent.
- In the nine countries shown, coverage rates vary from a high of 93 percent in Mexico to a low of 16 percent in the Dominican Republic. These two countries nonetheless have similar subclinical levels of VAD, illustrating the effect of other interventions besides capsule distribution.
- Food fortification is also becoming a leading intervention. Bolivia, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, and Nicaragua, fortify sugar with vitamin A. Venezuela fortifies maize flour; Haiti, dried mangos; and Mexico, a chocolate milk drink.
- With measures like supplementation and fortification in place, the Latin America and Caribbean region is well on the way to eliminating VAD.

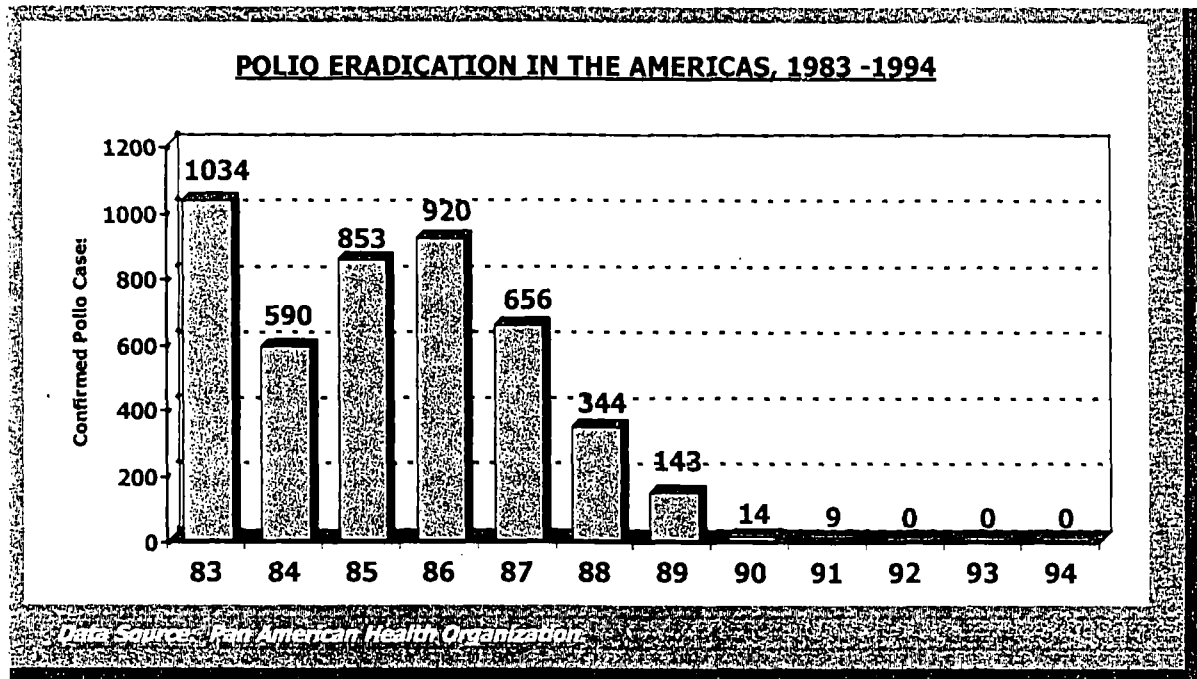
## Early Childhood Diseases: Poliomyelitis

### **Goal**

Eradication of poliomyelitis.

### **Definition**

The number of confirmed polio cases in the region.



- One of the great achievements of the 1990s was the eradication of polio in the Americas.
- The last wild poliovirus was detected on September 5, 1991, in Peru.

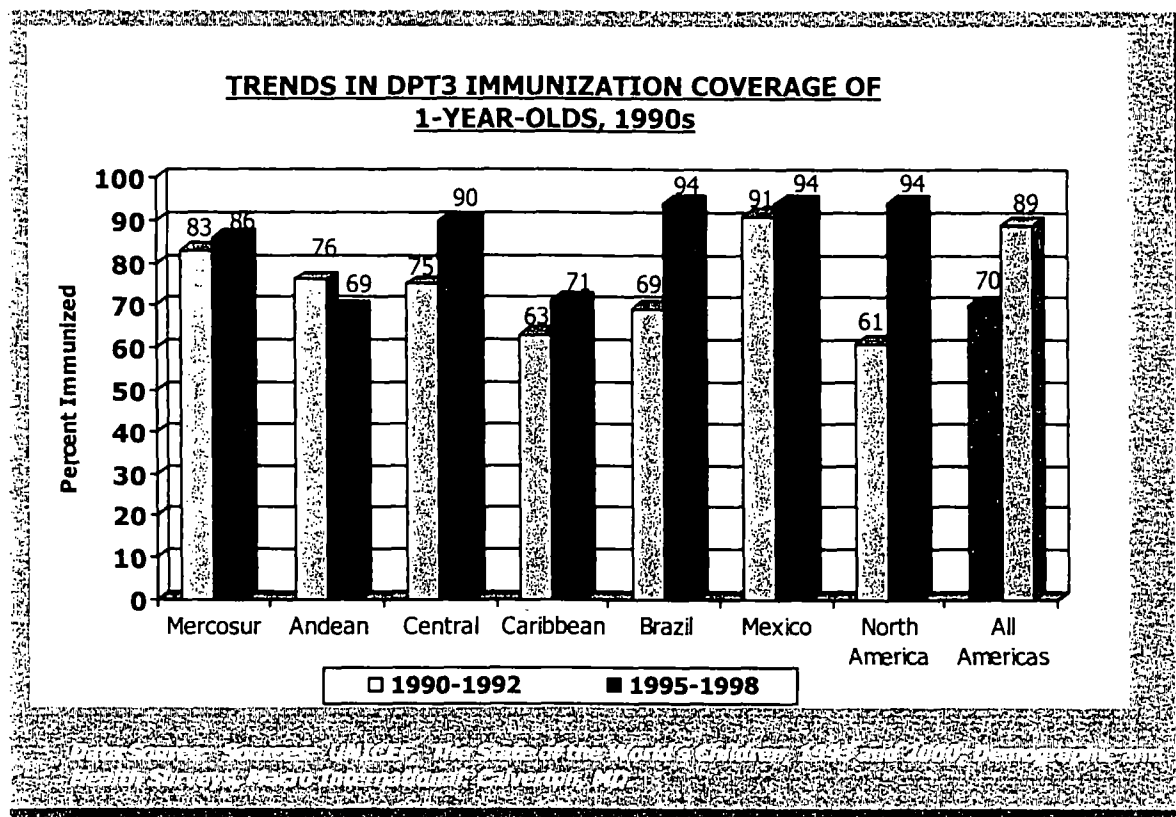
## Early Childhood Diseases: DPT3 Immunization

### Goal

Maintain a high level of immunization coverage (at least 90 percent of 1-year-olds) against diphtheria, whooping cough, tetanus, measles, poliomyelitis, and tuberculosis, and against tetanus for women of reproductive age.

### Definition

DPT3 immunization coverage is the proportion of living children between the ages of 12 months and 23 months who have received three complete doses of vaccines against diphtheria, pertussis (whooping cough), and tetanus. Usually the last in a child's vaccination series, DPT3 is often used as a proxy for full immunization coverage.



- In the 1990s, DPT3 vaccination coverage in the Americas increased from 70 percent to 89 percent. In Latin America and the Caribbean, coverage increased from 76 percent to 86 percent.
- The greater increase for the entire region reflects an increase of 33 percentage points in DPT3 coverage in North America. The large increase in North America is the result of a change in standard practice in the United States, where children are now immunized at a younger age.
- Except for Andean South America, all subregions experienced increases in DPT3 vaccination coverage in the 1990s. The increases ranged from 3 percentage points in Mexico and Mercosur to 33 percentage points in North America.
- PAHO reports the following regional and subregional vaccination rates: region (88 percent), Mercosur (86 percent), Andean South America (72 percent), Central America (92 percent), the Caribbean (77 percent), Brazil (94 percent), and Mexico (96 percent).
- Eighteen Latin American and Caribbean nations have met the goal of 90 percent DPT3 coverage of 1-year-olds. Nine countries are within 10 percentage points of meeting the goal, and six countries are more than 10 percentage points from the goal.
- In all nine Latin American and Caribbean countries that have Demographic and Health Survey information on vaccination by residence, urban levels of vaccination coverage exceed rural levels. Disparities range from 4 percentage points in Guatemala to 18 percentage points in Brazil.

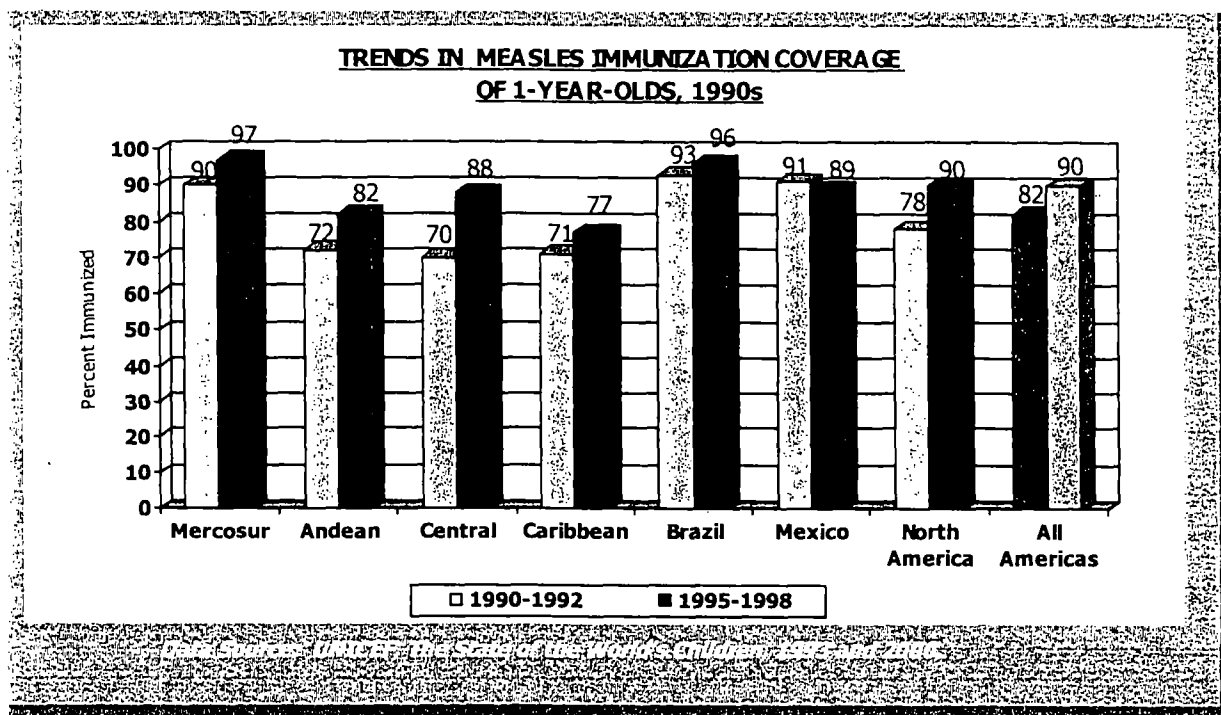
## Early Childhood Diseases: Measles Immunization

### Goal

Maintain a high level of immunization coverage (at least 90 percent of 1-year-olds) against diphtheria, whooping cough, tetanus, measles, poliomyelitis, and tuberculosis, and against tetanus for women of reproductive age.

### Definition

Measles immunization coverage is the percentage of 1-year-old children fully immunized against measles. In many countries, measles immunization is given at 15 months of age. Therefore, information presented here could underestimate immunization levels.



- Measles vaccination rates in the Americas increased from 82 percent to 90 percent from the early to late 1990s. All subregions except for Mexico increased their vaccination coverage. Subregional increases ranged from 3 percentage points in Brazil to 18 percentage points in Central America.
- When broken down by subregion, UNICEF reports that Mercosur (97 percent), Brazil (96 percent) and North America (90 percent) had achieved average rates at or above the 90 percent vaccination goal by the late 1990s. Mexico (89 percent), Central America (88 percent), and Andean South America (82 percent) are within 10 percentage points of the goal. The Caribbean remains farthest from the goal, with 77 percent of 1-year-olds vaccinated against measles.
- PAHO routinely reports slightly higher vaccination rates for the region (92 percent), Mercosur (95 percent), Andean South America (85 percent), Central America (91 percent), the Caribbean (83 percent), Brazil (96 percent), and Mexico (89 percent).
- Twenty-two countries (representing 42 percent of the regional population) have achieved the goal of at least 90 percent measles vaccination coverage for 1-year-olds.
- Vaccination levels vary by mothers' educational status. According to Demographic and Health Survey data for the region, levels are highest for children whose mothers reached at least secondary school and lowest for children of mothers with no education.

# PRIMARY SCHOOL AGE

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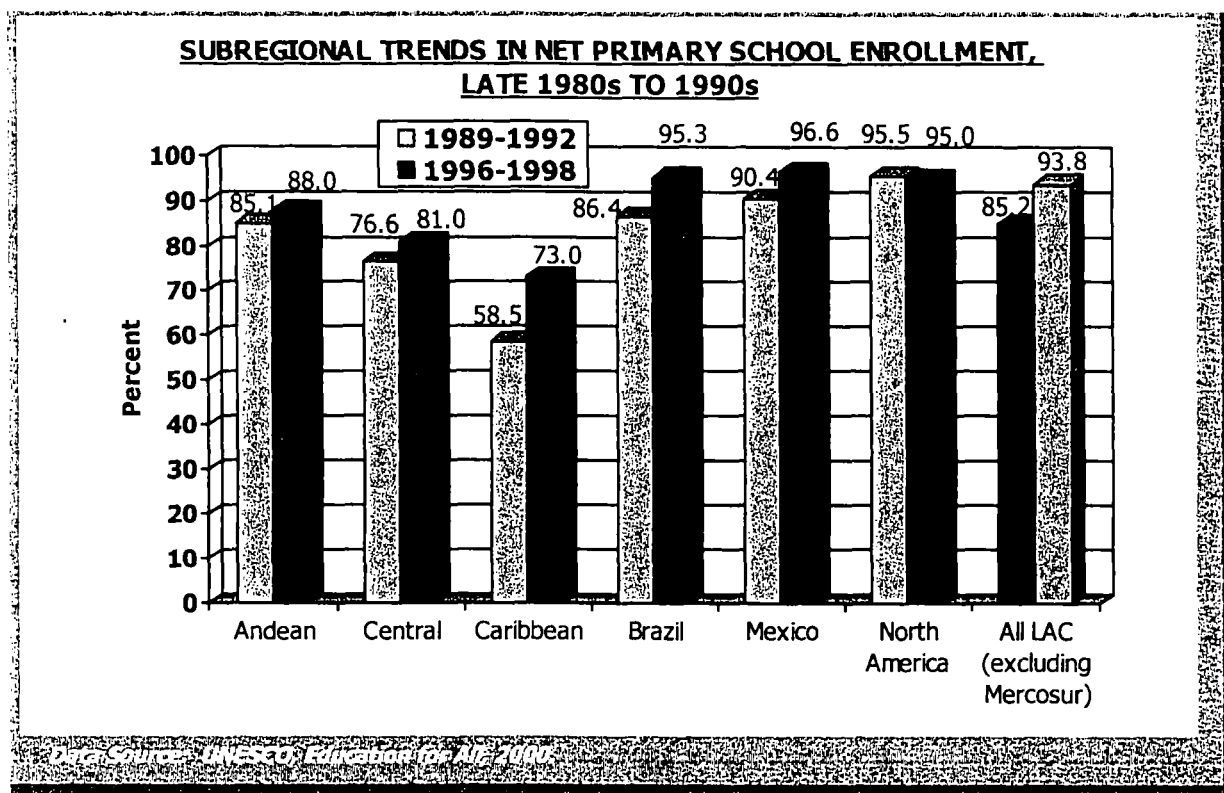
## Education

### Goal

Universal access to basic education and full primary education for at least 80 percent of children of school age through either formal or nonformal education that provides equal standards of learning and puts an emphasis on reducing disparities between girls and boys. Accomplish universal access to primary education in equal terms from the viewpoints of gender, geographic location, ethnic, socioeconomic background, and special-needs groups.

### Definition

Net primary school enrollment ratio represents the number of primary school-age children enrolled in primary education, expressed as a percentage of the eligible primary school-age population.



- The Latin America and Caribbean region as a whole has improved during the 1990s to reach an estimated average net enrollment of nearly 94 percent.
- All five of the represented subregions showed improvement in the 1990s. The greatest improvement was in the Caribbean, where enrollment increased by 14 percentage points.
- Twenty-four of the 30 Latin America and Caribbean countries with available data for 1996 to 1998 have at least 80 percent of their school-age children enrolled in primary school.
- Comparisons of male and female enrollments reveal that there is gender equity in most parts of the region. Of the countries with data, male and female enrollments were within 4 percentage points of one another. The one exception was St. Vincent/Grenadines, where female enrollment was 12 percent lower than male enrollment.

# ADOLESCENCE AND YOUNG ADULthood

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## Adolescent Marriage and Childbirth

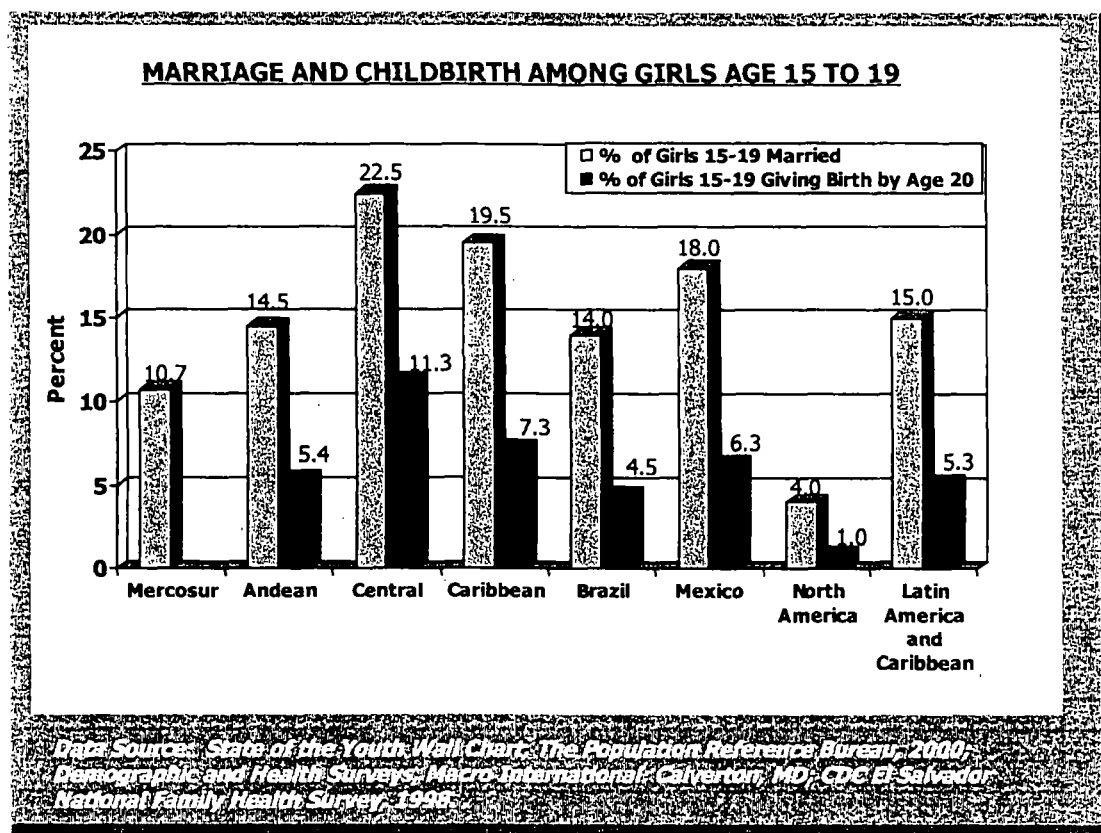
### Goal

Promote the establishment of programs designed to meet the special needs of the adolescent.

### Definition

The percentage of adolescent girls who are married is the number of girls age 15 to 19 who are married divided by all girls age 15 to 19. The percentage giving birth by age 20 is the number of married girls age 15 to 19 who have given birth divided by the number of girls age 15 to 19.

Marriage and childbirth for adolescents can severely limit life choices. Abandonment of school often follows these events. Increasingly, education determines earning power and social status for a lifetime. Also, childbirth at a young age has its own special dangers. Often young girls are either emotionally or physically unprepared for the rigors of birth and child care.



- Fifteen percent of all 15- to 19-year-old girls in Latin America are currently married. Among these girls, 35 percent have already given birth to their first child.
- In Central America, almost half of married girls have given birth to their first child.

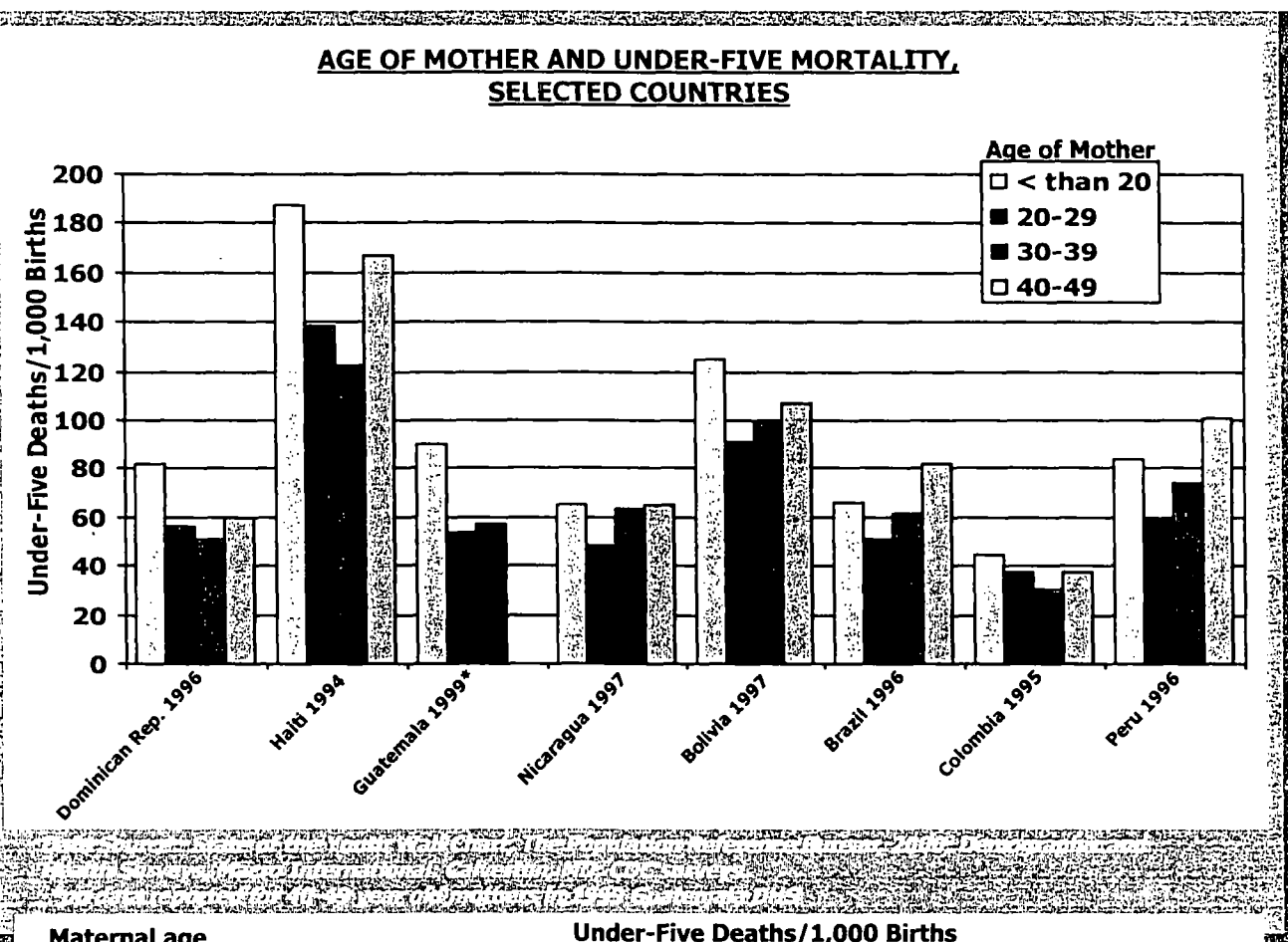
## Adolescent Marriage and Childbirth

### Goal

Promote the establishment of programs designed to meet the special needs of the adolescent.

### Definition

The under-five mortality rate is the number of deaths among children under age five in a given year per 1,000 live births in that same year. In addition to the dangers of childbirth to adolescent mothers, their children are also at risk. Young mothers are often unprepared for child care, physically, economically, or emotionally.



#### Maternal age

#### Under-Five Deaths/1,000 Births

|           | DR   | HAITI | GUAT | NIC  | BOL   | BRA  | COL  | PER   |
|-----------|------|-------|------|------|-------|------|------|-------|
| < than 20 | 82.1 | 187.3 | 90.0 | 64.9 | 124.6 | 65.8 | 44.5 | 83.7  |
| 20-29     | 56.1 | 138.1 | 54.0 | 48.1 | 91.1  | 51.3 | 37.8 | 59.0  |
| 30-39     | 51.0 | 122.6 | 57.0 | 63.7 | 100.1 | 61.5 | 30.4 | 74.4  |
| 40-49     | 59.5 | 166.6 | N/A  | 65.6 | 107.3 | 81.7 | 37.3 | 101.1 |

- In each of the countries shown, the children of girls age 15 to 19 run a higher risk of dying than children of women age 20 to 39.

- The increased risk to children of young mothers is highest in the countries with the highest under-five mortality. For example, in Haiti, the children of girls age 15 to 19 are 36 percent more likely to die than the children of mothers age 20 to 29. In Colombia, where under-five mortality is only one-third of that in Haiti, the difference in mortality between mothers age 15 to 19 and mothers age 20 to 29 is only 18 percent.

## HIV Prevalence

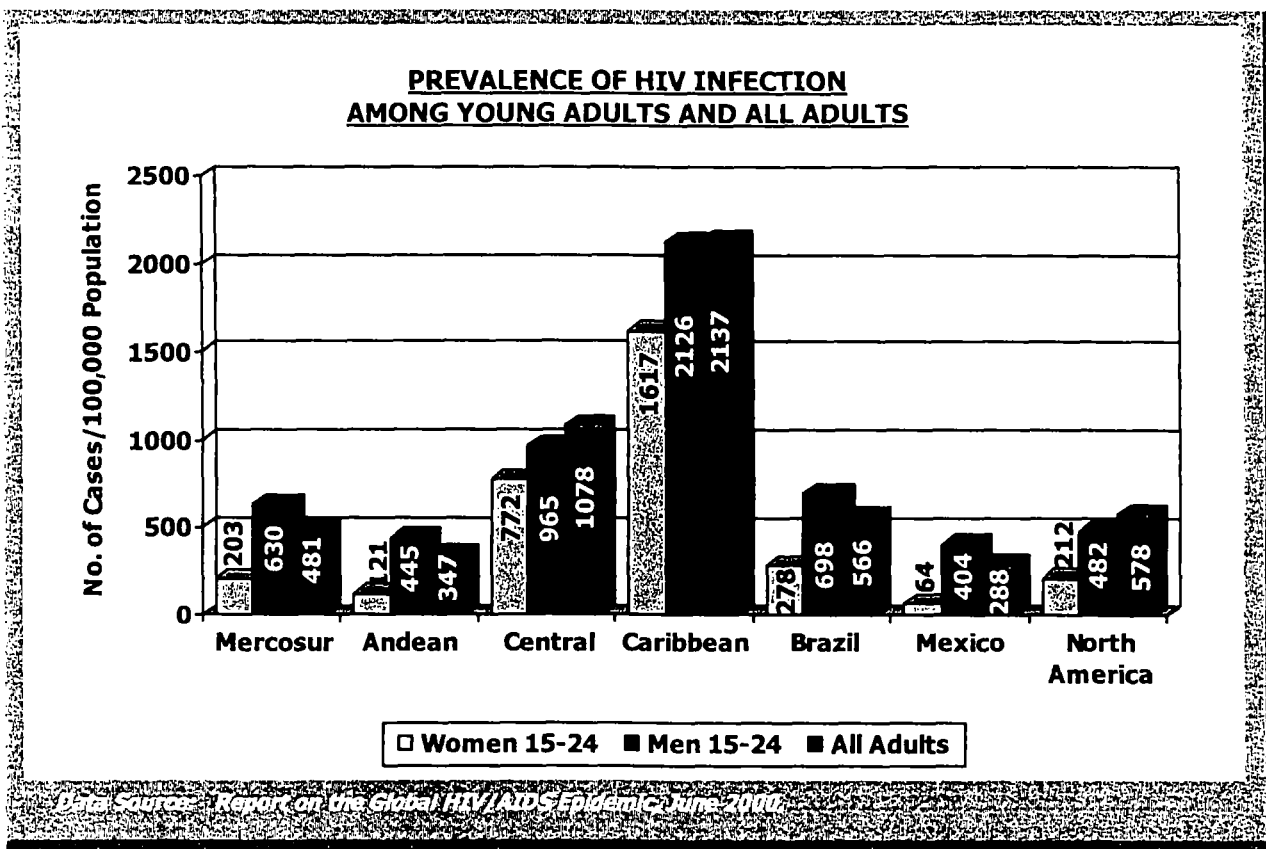
### **Goal**

Promote the establishment of programs designed to meet the special needs of the adolescent. Ensure universal access to information, education, communication, and to the appropriate means for the prevention and control of infection from HIV/AIDS, sexually transmitted diseases, and their consequences.

### **Definition**

HIV prevalence is the percentage of the population infected with the human immunodeficiency virus; it can also be reported as the number of cases per 100,000 persons in a given population or subpopulation. The population of young adults is people age 15 to 24.

Young adults are becoming sexually active between the ages of 15 and 24. A lack of knowledge and an absence of behavior change in response to the risks posed by HIV/AIDS and other sexually transmitted infections may lead to increased prevalence of HIV infections. For young women and girls there is often an unequal power relationship with their partners that leads to difficulty in negotiating safe sexual practices, including condom usage.



- In almost every subregion of the Americas, young men have higher rates of HIV infection than the adult population as a whole. Higher rates may be explained by the increased transmission rates in high-risk groups such as intravenous drug users and homosexual men.
- The Caribbean nations of Haiti, Dominican Republic, Guyana, and the Bahamas have truly alarming HIV prevalence rates among young adults. HIV prevalence among young adults is also high in other Caribbean countries.
- Young women have lower rates of infection than young men and the adult population as a whole. Many young women under the age of 20 are not sexually active, however and, HIV prevalence among sexually active young women is certain to be much higher.

# ADULTHOOD/ COMMUNITY

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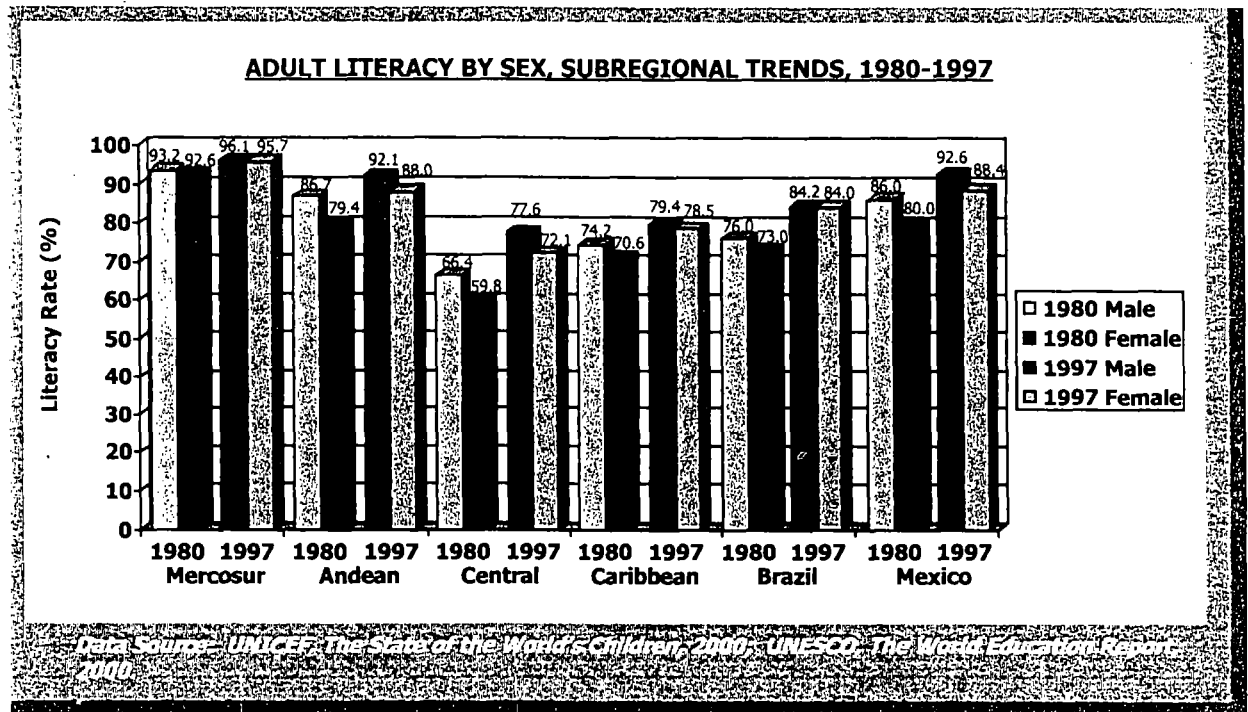
## Adult Literacy

### Goal

Reduce the illiteracy rate among adults by at least 50 percent, with special attention to women's literacy.

### Definition

The literacy rate is the number of literate adults expressed as a percentage of the total adult population, 15 years of age and older.



- The Latin America and Caribbean region has been making steady progress toward universal literacy. Between 1980 and 1997, the regional adult literacy rose 6.7 percentage points to 88.4 percent for males and 8.9 percentage points to 86.1 percent for females.
- All subregions showed improvement in literacy since 1980, with the greatest relative gains realized in Central America. Unfortunately, this subregion still has the lowest rates in the region, indicating the need for continued efforts.
- Mercosur has the highest literacy rates, well above 90 percent. The Andean subregion and Mexico follow closely behind.
- The chart indicates that the gap between male and female literacy has been closing over the past two decades. However, gaps still remain, particularly in the Andean subregion, Central America, and Mexico.

## Adult Literacy

### Goal

Reduce the illiteracy rate among adults by at least 50 percent, with special attention to women's literacy.

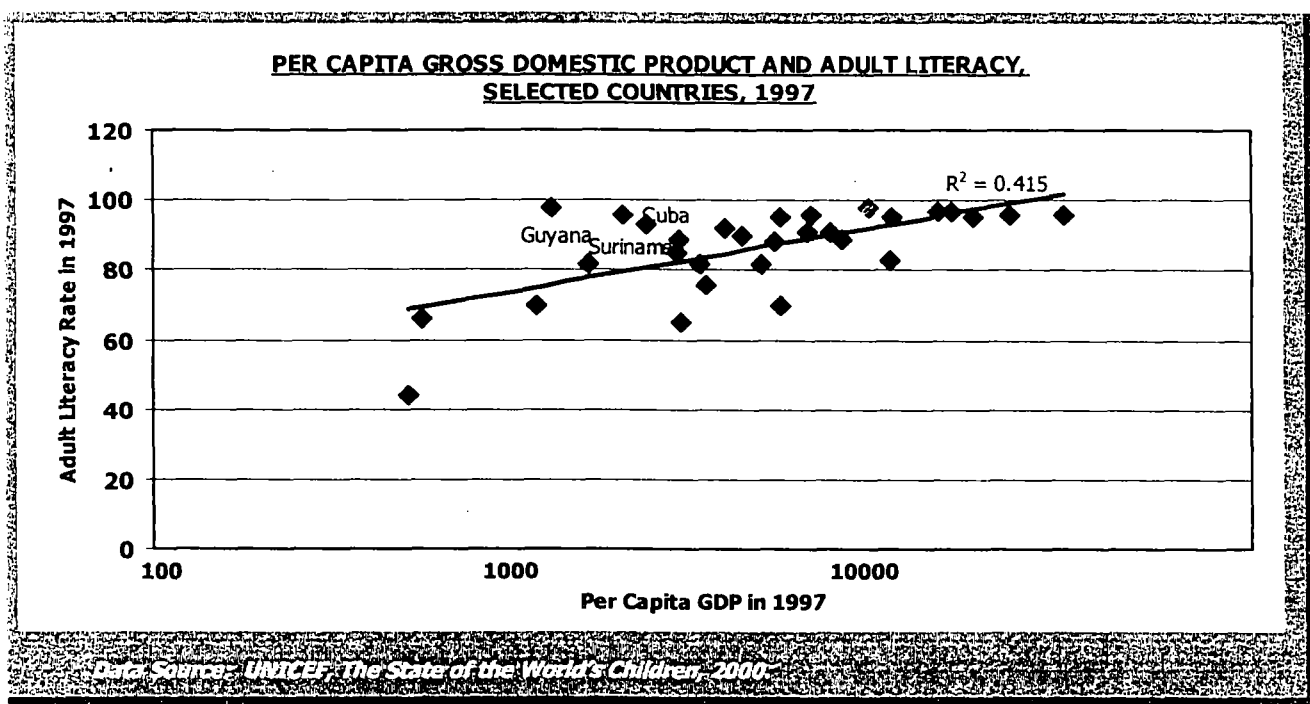
### Definition

The adult literacy rate is the number of literate adults expressed as a percentage of the total adult population, 15 years of age and older.

Per capita Gross Domestic Product (GDP) is the gross domestic product of a country divided by the number of people in a country.

Development is a nexus of many interrelated factors. In general, wealthy countries perform better than poor countries on almost all development indicators. In general, governments in countries with greater wealth can finance better and more comprehensive educational systems.

At low levels of per capita GDP, relatively small increases in income will have greater impact than in countries with a larger per capita GDP.



- In general, countries with higher per capita GDP have higher adult literacy rates. However, the influence of increased per capita GDP falls with higher per capita GDP, as indicated by the log scale.
- Several countries lie above the trendline, indicating that it is possible to achieve increases in adult literacy without large increases in per capita GDP.
- The trendline indicates that about 42 percent of the differences among adult literacy rates is correlated with per capita GDP. The correlation shown here does not imply causality, only that countries with higher per capita GDP often have higher literacy rates.

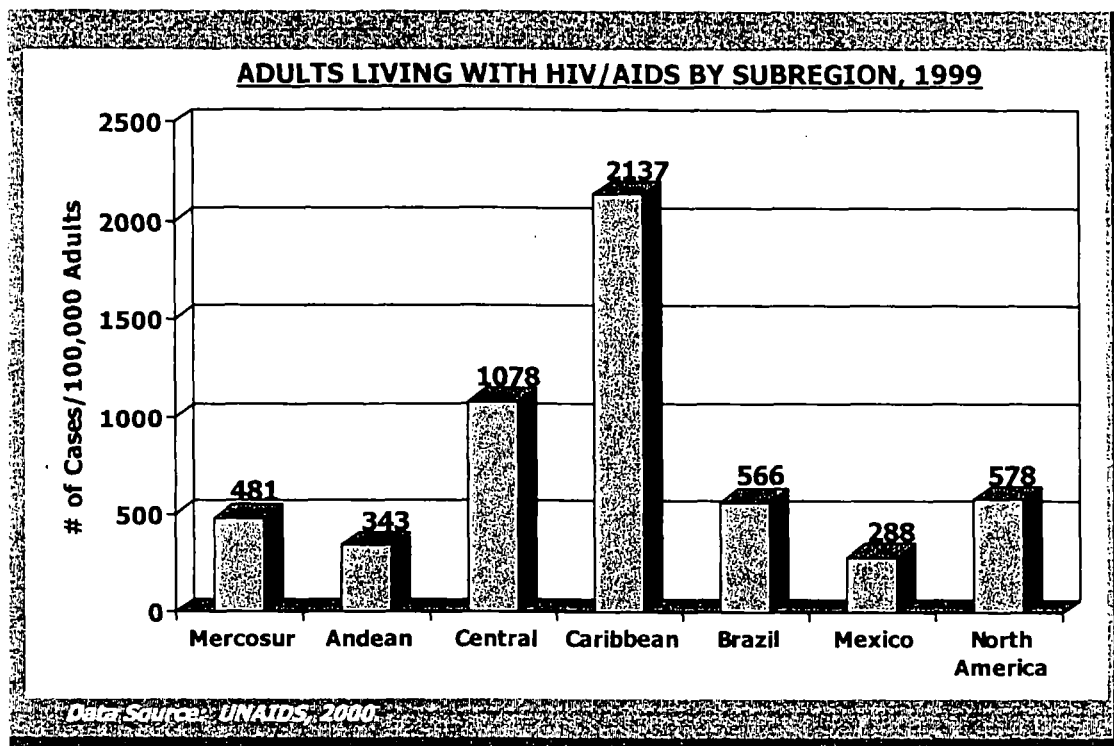
## HIV Infection/AIDS

### Goal

Ensure universal access to information, education, communication, and to the appropriate means for the prevention and control of infection from HIV/AIDS, sexually transmitted diseases, and their consequences.

### Definition

An estimate of the number of adults who are infected with the HIV virus is reported as the estimated number of cases per 100,000 adults.



- Globally, the Americas rank a distant second to sub-Saharan Africa in adult HIV prevalence. A little over 0.5 percent of the adult population is infected.
- Of the 29 countries included in this analysis, 18 have rates of less than 1,000 cases per 100,000 adult population, or less than 1 percent.
- Within the Americas, the Caribbean is by far the subregion most adversely affected by the epidemic. The subregional average for the Caribbean is 2.1 percent, which exceeds all other subregions by more than a full percentage point. Of the 10 countries included in the subregion, eight have rates in excess of 1 percent.
- Central America also has a subregional rate slightly over 1 percent of the adult population. The highest rates are found in the three most populous countries (Guatemala, Honduras, and Panama).

# APPENDIX

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## **ENDNOTES**

|                  |                                                                                        |                                                                                                                                                                                                                                                                                                    |
|------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FIGURE 1</b>  | Maternal Mortality Ratios in Latin America and the Caribbean                           | Data from The State of the World's Children, 2000.                                                                                                                                                                                                                                                 |
| <b>FIGURE 2</b>  | Births Attended by Trained Personnel, Most Recent Estimates                            | Ninety-nine percent of the region's population is represented in the graph, weighted by UN Population Prospects, 1996.                                                                                                                                                                             |
| <b>FIGURE 3</b>  | Urban-Rural Differences in Births Attended by Trained Personnel, Selected Countries    | Thirty-five percent of the region's population is represented in the graph. Provider information was not available for El Salvador, urban/rural aggregates are based on percentage of hospital deliveries.                                                                                         |
| <b>FIGURE 4</b>  | Mothers' Education and Births Attended by Trained Personnel, Selected Countries, 1990s | Thirty-four percent of the region's population is represented in the graph.                                                                                                                                                                                                                        |
| <b>FIGURE 5</b>  | Low-Birthweight Babies by Subregion, 1990s                                             | Ninety-nine percent of the region's population is represented in the graph.                                                                                                                                                                                                                        |
| <b>FIGURE 6</b>  | Subregional Trends in Total Fertility Rates, Late 1980s to Late 1990s                  | Weights calculated by corresponding 1992 and 1998 population sizes. Ninety-nine percent of the region's population is represented in the graph.                                                                                                                                                    |
| <b>FIGURE 7</b>  | Urban-Rural Differences in Fertility, Selected Countries, 1990s                        | Weights calculated by corresponding 1992 and 1998 population sizes. Thirty-five percent of the region's population is represented in the graph.                                                                                                                                                    |
| <b>FIGURE 8</b>  | Mothers' Education and Fertility, Selected Countries, 1990s                            | Thirty-five percent of the region's population is represented in the graph.                                                                                                                                                                                                                        |
| <b>FIGURE 9</b>  | Married Women of Reproductive Age Using Modern Contraception, 1980s to 1990s           | Percentages of reproductive age women represented for each subregion are 79 percent for Andean, 100 percent for Central America, and 53 percent for the Caribbean. Due to limited Mercosur data (solely Paraguay), the subregion was not included in the Latin America/Caribbean regional average. |
| <b>FIGURE 10</b> | World Trends in Infant Mortality, 1960s-2000s (projected)                              | Data taken directly from UNPOP Prospects 1998 using their regional definitions; no weighting was necessary.                                                                                                                                                                                        |
| <b>FIGURE 11</b> | Subregional Trends in Infant Mortality, 1960-2000                                      | Ninety-nine percent of the region's population is represented in the graph. Mortality data weighted by population aged 0-4 in each of the years.                                                                                                                                                   |

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|                  |                                                                                            |                                                                                                                                                                                                                              |
|------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FIGURE 12</b> | Trends in Under-Five Mortality by Subregion, 1960-1998                                     | Ninety-nine percent of the region's population is represented in the graph. Mortality data weighted by population aged 0-4 in each of the years.                                                                             |
| <b>FIGURE 13</b> | Neonatal, Post-Neonatal, and Child Mortality, Selected Countries, 1990s                    | Thirty-five percent of the region's population is represented in the graph.                                                                                                                                                  |
| <b>FIGURE 14</b> | Urban-Rural Differences in Under-Five Mortality, Selected Countries, 1990s                 | Thirty-five percent of the region's population is represented in the graph.                                                                                                                                                  |
| <b>FIGURE 15</b> | Mothers' Education and Under-Five Mortality, Selected Countries, 1990s                     | Thirty-four percent of the region's population is represented in the graph.                                                                                                                                                  |
| <b>FIGURE 16</b> | Per Capita Gross Domestic Product and Under-five Mortality                                 | Ninety-nine percent of the region's population is represented in the graph. GNP per capita numbers were converted to log base 10.                                                                                            |
| <b>FIGURE 17</b> | Regional and Subregional Trends in Prevalence of Underweight Preschool Children, 1980-2000 | Percentage of region's population represented in the graph is not available.                                                                                                                                                 |
| <b>FIGURE 18</b> | Stunting: Estimated and Projected Trends, 1980-2005                                        | Percentage of region's population represented in the graph is not available.                                                                                                                                                 |
| <b>FIGURE 19</b> | Trends in Exclusive Breastfeeding, Infants < 4 Months of Age, Selected Countries           | Data available from 12 countries in the region representing 38 percent of the region's population.                                                                                                                           |
| <b>FIGURE 20</b> | Breastfed Infants Ages 0-9 Months Receiving Supplementary Feeding, Mid-to-Late 1990s       | Nine countries, comprising 56 percent of the region's infant population, are represented in the data presented here.                                                                                                         |
| <b>FIGURE 21</b> | Trends in Continued Breastfeeding, Selected Countries, Late 1980s to Late 1990s            | Eight countries, comprising 55 percent of the region's infant population, are represented here.                                                                                                                              |
| <b>FIGURE 22</b> | Consumption of Iodized Salt by Subregion, 1990s                                            | Data available for 61 percent of the regional population.                                                                                                                                                                    |
| <b>FIGURE 23</b> | Prevalence of Vitamin A Deficiency, 1985-1995.                                             | Prevalence estimates are calculated from an interpolation model based on 35 countries. Details of the methodology can be found in <i>Progress in Controlling Vitamin A Deficiency</i> , MI/UNICEF/Tulane paper, Appendix II. |
| <b>FIGURE 24</b> | Vitamin A Supplementation Coverage Rates                                                   | Percentage of world region's populations represented in the graph is not available.                                                                                                                                          |
| <b>FIGURE 25</b> | Polio Eradication in the Americas, 1983-1994                                               | Data from Pan American Health Organization. Also, see Figure 26 note on PAHO data.                                                                                                                                           |

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**FIGURE 26**

Trends in DPT3 Immunization Coverage of 1-Year-Olds, 1990s

Data on EPI for the late 1990s were obtained from two highly respected sources: PAHO and UNICEF. Because data from the early 1990s were also available from UNICEF, the graph and trend analysis presented here reflect UNICEF data. Immunization coverage data from PAHO are based on official national coverage estimates reported by ministries of health to PAHO. These estimates are generally derived from the government routine reporting systems. The accuracy of these "routine reports" can be flawed by the complexities of communicating the information from the local health posts to the central location in the health ministries. They can also be affected by the population figures used in the denominator. As a result, data from routine reporting systems are often supplemented by estimates derived from household surveys, which are generally regarded as more reliable. The disparities between the data from routine reporting systems and household surveys have serious implications for assessing trends over time. Therefore, UNICEF and WHO are currently engaged in a process of adjusting the data from routine reporting systems to account for these disparities. This process involves a review of all available immunization coverage data, including routine reported coverage statistics, as well as data from EPI cluster surveys and other household surveys (including DHS and MICS). Based on knowledge of biases in each of the data points and qualitative information on what has been happening in the sector, a trend line is being fitted for each country. Joint WHO/UNICEF estimates are expected to be available January 2001. It should be noted that the Secretary General's end-decade report on progress toward the World Summit for Children goals will be based on the results of this joint WHO/UNICEF exercise. Ninety-nine percent of the region's population is represented in the graph.

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|                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                         |
|------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FIGURE 27</b> | Trends in Measles Immunization Coverage of 1-Year-Olds, 1990s                  | Data on EPI for the late 1990s were obtained from two highly respected sources: PAHO and UNICEF. Because data from the early 1990s were also available from UNICEF, the graph and trend analysis presented here reflect UNICEF data. Also, see Figure 26 note on PAHO data. Ninety-nine percent of the region's population is represented in the graph. |
| <b>FIGURE 28</b> | Subregional Trends in Net Primary Enrollment, Late 1980s to 1990s              | Due to limited data, Mercosur subregion was only represented by 39 percent of the school-aged population and was therefore not included in the regional weighted average. School-age representation for each subregion is 64 percent for Andean, 100 percent for Central, 56 percent for Caribbean.                                                     |
| <b>FIGURE 29</b> | Marriage and Childbirth Among Girls Age 15-19                                  | Percentages weighted by population of women aged 15 to 19. Insufficient observations to calculate average for the percentage of girls giving birth in the Mercosur subregion. The Caribbean average based on data from the Dominican Republic, Haiti, and Trinidad and Tobago.                                                                          |
| <b>FIGURE 30</b> | Age of Mother and Under-Five Mortality, Selected Countries                     | Reference period is previous 10 years. Thirty-four percent of the region's population is represented in the graph.                                                                                                                                                                                                                                      |
| <b>FIGURE 31</b> | Prevalence of HIV Infection Among Young Adults and All Adults                  | Ninety-nine percent of the region's population is represented in the graph. Subregional averages are weighted by relevant population cohorts. HIV prevalence rates are the average of the high and low estimates.                                                                                                                                       |
| <b>FIGURE 32</b> | Adult Literacy by Sex, Subregional Trends 1980-1997                            | The Caribbean is represented by Cuba, Guyana, Haiti, Jamaica, Suriname, and Trinidad and Tobago.                                                                                                                                                                                                                                                        |
| <b>FIGURE 33</b> | Per Capita Gross Domestic Product and Adult Literacy, Selected Countries, 1997 |                                                                                                                                                                                                                                                                                                                                                         |
| <b>FIGURE 34</b> | Adults Living with HIV/AIDS by Subregion, 1999                                 | Rates are estimates based on approximately 100 percent of the adult population, ages 15-49. The Caribbean is an exception in that the smaller island nations were not included. Countries included in the Caribbean are Bahamas, Barbados, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, and Trinidad and Tobago.                         |

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